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LECTURES
ON THE
THEORY AND PRACTICE OF MEDICINE;
NOW IN COURSE OF DELIVERY AT THE
THEATRE OF ANATOMY AND MEDICINE, WEBB-STREET, SOUTHWARK.
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LECTURE I.

INTRODUCTORY ADDRESS.

GENTLEMEN;—Having undertaken to deliver the Lectures on the Theory and Practice of Medicine in this School, the duty devolves upon me, this evening, of explaining to you the mode in which I propose to treat this important subject.

The very title of these Lectures divides the subject into two parts,—the THEORY and PRACTICE. In a third division of my course I propose to treat of another subject, hitherto neglected in lectures, viz., the SCIENCE, or STATISTICS, of medicine. I now proceed to explain to you how I propose to treat of each of these subjects.

I. The *Theory* of medicine comprises, in my view of the subject, the discussion of Anatomy, Physiology, Pathology, and Therapeutics, in their immediate relation to disease.

It has been usual to assert that a very limited knowledge of anatomy is sufficient for the physician; such a remark could only be made by one in the state of ignorance on this subject, which he applauded. A very few remarks will be sufficient to convince you that a minute knowledge of anatomy is essential to an adequate knowledge of medicine.

In the first place I may affirm, without hesitation, that a minute knowledge of the anatomy and physiology of the *Nervous System* especially, is one of extreme importance to the physician. You may be called to a patient whose face is drawn awry. Now come important questions:—What is the disease? Where is it situated? Is it *paralysis* or *spasm*? Is it seated *within* or *without* the skull? Is it a disease of the brain itself, or of the nerves in their course? No one can answer these questions but the anatomist, the physiologist. Look at these several drawings. *This* is the representation of paralysis, *that*, of spasm, of the facial nerve; both seated exterior to the skull. They involve no danger to the life of the patient. Now compare with them this third drawing: it is that of hemiplegia of the face; it denotes a rupture in the opposite hemisphere of the brain, with the effusion of blood, the formation of a cyst. There is great peril. The disease is seated in a vital organ. I repeat, that no one can understand these things but an anatomist. I do not mean that empirical rules might not be laid down for the diagnosis and for the treatment of such cases, irrespective of anatomy; but I mean that no one, without a knowledge of anatomy, can become a rational physician in such cases,—can understand them, distinguish them accurately, and treat them scientifically.

There are other cases of a similar kind. One patient is not able to open the eye—to raise the upper eyelid, and is said to be affected with *ptosis;* another cannot close it, and is affected with *lagophthalmia;* a third has *strabismus*. One patient has lost the sense of taste; another, the power of moving the tongue; a third, that of swallowing. All these things are either confusion or a tissue of empirical facts to the physician who is ignorant of anatomy, and may, therefore, be such to the generality of physicians. All is evident to him who views these cases through the medium of anatomy.

Do not imagine that I have selected rare cases for the illustration of my position. These cases are of daily occurrence in common or private practice, and of the most deeply affecting and interesting character. Well might Dr. Paley say, "With much compassion, as well as astonishment at the goodness of our Creator, have I considered the sad state of a certain gentleman, who, as to the rest, was in pretty good health,

but wanted the use of the two little muscles that serve to lift up the eyelids, and so had almost lost the use of his sight, being forced, as long as this defect lasted, to shove up his eyelids with his own hands!"*

But I will take other cases, more frequent in their occurrence, more familiar still. Apoplexy and hydrocephalus are subjects of our daily observation: even *their* symptoms are unintelligible to any but an anatomist. In the former there is perfect coma, —blindness, deafness, perhaps insensibility to impressions which would, in other circumstances, be productive of pain; yet the patient breathes, and the sphincters still do their office: one thing only is observed,—the due ratio which usually subsists between the number of the respirations and of the pulsations of the heart, is lost. In hydrocephalus you may see a staring eye, a dilated pupil; there is total blindness; yet, although the eye remains unclosed whilst the finger or any other object approaches the cornea, a touch of the tip of an eyelash immediately induces a closure of the eyelids. At length, with augmented disease, this phenomenon ceases in its turn. Are not these interesting facts? They are doubly interesting; for they not only denote the seat, the nature, but the degree of the disease. But who can understand them? No one but the anatomist, the physiologist.

I must not now give you more examples. I must first proceed to tell you, however briefly, that I divide the nervous system into three sub-systems:

1. The cerebro-spinal, or the sentio-motory;

2. The true spinal; or the excito-motory; and

3. The ganglionic; or the secretory, the nutrient, &c.

The first of these sub-systems is represented in this plate of M. Manec. It consists, first, of the cerebrum; secondly, of sentient nerves which pursue their course to it, and of motor nerves which proceed from it, either directly, as in the face, or along the spinal chord, to every part of the body.

The third of these sub-systems is partly seen in this other plate of the same anatomist. It consists in the internal ganglionic or sympathetic, to which must, I think, be added a part of the par vagum, and of the fifth, and posterior spinal nerves, the two latter constituting the external ganglionic.

That sub-system to which I would now draw your attention, is represented in this beautiful diagram; it is one which I claim the merit of having first pointed out in all its fulness and utility, and to which I have assigned the designation of the true spinal, or excito-motory system. You must imagine the cerebral and the ganglionic systems removed; this system will still remain. It is the organic seat of a special order of functions, and of the entire class of spasmodic diseases.

I must not occupy your time further with the nervous system; but I cannot dismiss the subject without pointing out, as a most interesting topic in medical anatomy, that of the base of the brain and skull. Here is situated the boundary between the cerebral and the true spinal sub-systems. Above this boundary will be found the source of augmented or diminished sensation, volition, and the mental functions, and therefore of delirium, or coma, and of augmentation or paralysis of sensation and voluntary motion. Below it will be found, with the source of interrupted sensation and volition, that of spasmodic diseases. Along the base of the brain or the skull itself, the individual nerves may be diseased or compressed by tumours, and we may have paralysis of a different kind.

In one case, a tumour formed at the anterior part of the base of the skull, from a blow received on the forehead: there were successive blindness, loss of smell, and loss of taste, as the tumour spread and compressed the optic, and the olfactory nerves, and the fifth (?) pair.

But the most interesting case of this kind, which it has ever been my lot to witness, was that of Ruth Peters, aged 60, who was repeatedly seen by my pupils during the session of 1835: this person was taken with pain of the right temple, deafness of the right ear, partial paralysis of motion and of sensation on the right side of the face—the right eyelid being only slightly depressed on attempting to shut the eyes, and the mouth being drawn to the opposite side. These symptoms continued, and, in three months, precisely similar events occurred on the left side, in a severer form, the mouth being drawn to the right.

These phenomena continued for a very considerable period. At length *this* portion of bone fell upon the upper surface of the soft palate, and was eventually dislodged and rejected by the mouth. It proves to be a portion of the sphenoid bone. The appearance of this bone affords an explanation of the interesting series of phenomena observed in this case. We had determined that there was *some* disease at the base of the brain, which interfered with the functions of the third, the fifth, and the seventh pairs of nerves: for the paralysis and pain occurred on the *same* side, and there was no external tumour; there was, therefore, no *crossed effect*, yet the disease was *within* the cranium. You will agree with me that a good deal of anatomy and physiology was required to arrive at so precise and accurate a diagnosis.

A knowledge of the anatomy of the nervous system is further useful in our account of its diseases, in order that we may avoid

* Natural Theology.

falling into sad errors. I will read you such an account from an eminent writer, and I will then point out its blunders. It will thus serve you as a beacon to warn you against committing similar mistakes, and prove an incitement to the study of anatomy. There was "paralysis of the *right* side of the body and the *left* side of the face; the tongue was protruded to the *left*." A clot of blood is represented occupying "the *left* side of the mesial line of the pons Varolii;" the rationale proposed is, that this clot "compressed the origin of the fifth nerve of the opposite side."

I would observe upon this case that a clot in the left side of the pons Varolii explains the paralysis of the right side; but a compression of the *origin* of the fifth pair of nerves of the *opposite* side, would not explain the paralysis of the left side of the face: suppose the fifth pair of nerves to be compressed, loss of sensation, and of the power of the masticatory muscles, would follow; but no distortion of the face. In fact, it was not the *fifth* at its *origin*, but the *seventh* in its *course*, which was compressed. In this manner alone can we explain the phenomena. It is added that the tongue, on being protruded, was thrust towards the *left* side: this would not be in accordance with paralysis of the *right* side of the body, for it must be induced by paralysis of the *left* portion of the genio-hyoid muscle; you will understand this phenomenon by looking at this drawing. The whole case will teach you the value of minute anatomy in the practice of medicine.

But of all the points involved in the study of the anatomy of the nervous system, none is of greater moment than that which relates to the *excitor* nerves of the true spinal subsystem—a part of anatomy of which, I think, I may declare myself the discoverer, and in which all those spinal diseases are seated, the origin of which is *eccentric* in reference to the true spinal marrow. And if the anatomy be important, the pathology founded upon it is not less so. To distinguish whether epilepsy have its seat in the central part of this sub-system, or eccentrically, that is, in the excitor nerves, is to determine, for the most part, whether it be curable, or incurable. The same remark may be made in regard to the convulsive diseases of children.

Gentlemen, all this may appear obscure and difficult to you at this moment of the commencement of your medical studies. But be patient, and I pledge myself to make the subject easy and familiar to you; and great indeed would be my disappointment if you were not led to view the subject as most useful, most practical, and most applicable to some of the most interesting cases which will doubtless occur to you in your future career of practice.

But I must not indulge myself further in this, a favourite subject. I will pass on to other points of anatomy and physiology, and you will soon perceive that it is not those of the nervous system, alone, which are useful, and, indeed, essential to the practitioner in medicine.

I proceed, therefore, to make a few remarks on the importance of a knowledge of the anatomy of the *Circulatory System*, in the study and practice of medicine. This system consists of

I. The heart.
II. The arteries.
III. The capillary vessels.
IV. The veins.

Disease may originate in any part of this system; its other parts, however, soon participate, and the system becomes affected as a whole; other systems or other organs become affected in their turn; and in this manner we have frequently to witness a general affection of the system at large.

Now, as you already know, the heart is formed of four cavities, two of which are situated on the left, the other two on the right side; each side consists of an auricle and a ventricle, separated by a valve; the former being a *reservoir*, as it were, the latter the chief *propeller* of the blood. These two sides of the heart may be viewed as two hearts, for they are reservoir and propeller to two distinct parts of the circulation of the blood, the systemic and the pulmonic.

Disease of the heart may impart an undue impulse to the blood, or occasion an obstructed flow of that fluid; and the value of a knowledge of anatomy consists in the information which it communicates of the necessary and consequent effect on the circulation in other parts of its course.

As the former subject illustrated the value of anatomy principally, the present one bears upon *physiology*; and I shall proceed to show you how augmented impulse, or the impeded course of the blood, may materially affect other important organs placed at a distance, in the animal frame, from the central organ of the circulation.

In the *first* place, either *ventricle* may be affected with augmented thickness, or hypertrophy; and with this organic change is associated augmented power. The blood, in such a case, is propelled with undue impulse through the arteries and capillary vessels in its course; the larger arteries sometimes become affected with aneurism; the minute arteries and capillary vessels give way, and hæmorrhagy is the consequence.

If the *left* ventricle be affected with hypertrophy, we may have apoplexy of the brain, with its effect, paralysis; if the *right*, apoplexy of the lung, and generally hæmoptysis.*

Such, at least, is the doctrine of the day. I am disposed, from much consideration, to

* See Bricheteau, Lallemand, &c.

think that too much influence has been ascribed to the unnatural impulse given to the blood, in cases of hypertrophy of the right or of the left ventricle of the heart. I am supported in this opinion by analogy, by facts, and by the testimony of one whom I shall shortly introduce to you as the greatest physician of any nation, or of any age,—M. Louis, of Paris.

In the first place, the most violent exercises and labours, inducing proportionately augmented impulse of the blood, are supported for days, and months, and years, without inducing any of those effects, of apoplexy of the brain, or of the lung, which have been attributed to hypertrophy of the heart.

In the second place, I have seen many cases of pure hypertrophy without having witnessed any such effects.

In the third place, with reference to hypertrophy of the right auricle, M. Louis observes, that he had collected twenty-seven cases of that disease between the years 1821 and 1827, without a single case of hæmoptysis.†

Do not imagine that I am disposed to deny the influence of hypertrophy of the heart, in inducing the diseases in question altogether. I only affirm that that influence has been very much overrated.

It is far otherwise with an influence to which I must now beg to draw your particular attention,—that of the *impeded* flow of the venous blood from valvular and other diseases of the heart, and diseases of the veins themselves. The influence of an impediment to the flow of blood through the heart upon the *arriére* circulation has not been sufficiently noticed by practical writers. As a proof of this I may state, that even the illustrious Laennec himself, in speaking of the *complications* of disease of the heart, enumerates them in an *order*‡ which proves that he had not a clear idea of their relative connexion as successive affections of the *arriére* circulation:—"the liver, the lungs, the sub-serous, the sub-mucous, the sub-cutaneous capillaries," do not present the *order* in which the organs and tissues are affected in obstructed circulation through the heart. Observe this diagram, and you will readily discern the effects which must be produced by obstructed cardiac circulation upon the flow of the blood as it passes through the successive organs and tissues in its course towards the central organ of the circulation. How vivid a light is there thrown upon the pathology and upon the therapeutics too, of the complication of diseases of the heart, and of the diseases of other organs impeding the venous circulation.

There are two other principles of anatomy, or of physiology, which I must briefly notice in connection with this interesting subject:

The first is, that if the canal of *tissue* from a muscular organ be obstructed, its muscular fibres become hypertrophied. If the aortic valves be diseased, and the orifice of the aorta constricted, we have uniformly hypertrophy of the left ventricle. M. Louis has shewn that hypertrophy of the muscular tissue of the stomach occurs in cases of scirrhus of the pylorus.* And it is a long and well-known fact, that the muscular tissue of the bladder becomes hypertrophied in cases of enlarged prostate, strictured urethra, or other impediment to the exit of the urine.

You will, I am sure, duly estimate, with me, the value of all such general facts, in a practical as well as a physiological point of view. And I take this opportunity of telling you, that, however interesting physiology, or even anatomy, may be to me, I shall not occupy your time with them, except as they bear upon *practice*. For practice it is my duty to prepare you, and I shall do my utmost to perform that duty.

The second is an interesting physiological fact, in a certain sense the reverse of the former one. Whenever the course of blood through a vessel is interrupted, that vessel contracts gradually beyond the point of interruption, until it becomes a mere ligamentous cord. Thus, in a case described by M. Barth*, in which the aorta was obliterated by a coagulum of blood, it became contracted upon it and obliterated beyond it. It is upon this principle that the umbilical arteries and the ductus arteriosus contract and become mere ligamentous cords after the birth of the fœtus.

If, instead of the central organ of the circulation itself, the *arteries* be obstructed, a defective state of the circulation takes place in the organ or part supplied by them, and there is frequently total loss of vitality: in this manner ossification of the cerebral arteries frequently leads to *ramollissement*, or softening of the brain; and a similar disease in the arteries of the lower extremity induces *gangrene* of the limb, the gangrena senilis of authors.

The *capillary* vessels themselves are, doubtless, the seat of many organic changes besides those which result from the *mechanical* influence of undue impulse, or obstructed flow of the blood, in regard to the heart. These vessels are, doubtless, the seat of inflammation, the first step in which is an altered condition of their internal membrane. In the capillaries too, are occasionally arrested substances which float in the general mass of the circulating blood, such as pus in the case of phlebitis; and in this manner we explain the numerous abscesses which

† Examen, &c., p. 35.
‡ De l'Auscultation, ed. 2., tom. ii., p. 490.

* Mémoires sur Diverses Maladies, p. 120.
† Archives Générales de Médecine.

are formed in distant parts and organs in this disease.

The veins themselves are, in their turn, the seat of some diseases, as *phlebitis*, *encephalosis*, *melanosis*, and *phlebolithes*.

I will now briefly notice another subject,—the organs of respiration: these consist of the larynx, the trachea, the bronchia, the air-cells. The first of these is peculiarly under the influence of the true spinal or excito-motory system: from this circumstance any disease of this part is peculiarly liable to sudden exasperations, leading to attacks, and the imminent danger of asphyxia. Disease of the trachea, on the contrary, may destroy, but it is generally more slowly. Disease of the bronchia is less immediately dangerous still from another circumstance: they constitute one of the *double* organs; if the bronchia of one lung only were obstructed, life might be sustained by the function of the other. A similar remark applies to disease of the air-cells.

There is a view of the physiology of respiration of the highest value and of the deepest interest, in relation to medicine. You know the appearance of the natural equable movements of respiration. This even tenor of the respiratory movements is combined with equally equable and accurately proportioned movements and contractions of the heart. The chain which binds these movements of the respiration and of the circulation together, relatively, is sometimes broken: the movements of the respiration are then no longer equable, and those of the heart no longer regular, or in strict relation to the former. I must beg your attention for a few moments while I enter into a little explanation of these points of physiological doctrine.

The ordinary and healthy breathing is free, equable, regular, noiseless; the pulse has a proportionate frequency, and is regular. These phenomena depend on the consentaneous action of the cerebrum and the true spinal marrow. In sleep, the cerebrum reposes, and we have immediately a slightly impaired condition of the respiratory and cardiac movements: the respiration is slightly irregular, sighing, and stertorous; the pulse, also, slightly irregular. In apoplexy, we observe the same phenomena in a hundredfold degree; the respiration becomes irregular, suspended, and then deep, and diminished in number in a given interval of time; first, the veil of the palate loses its tone, and we have stertor; then the nostrils and the cheeks and lips, and we have a peculiar closure of the nostril at each inspiration, and the action termed "fumer la pipe" in expiration: the beats of the heart, in the mean time, gradually exceed their proportionate frequency, and the ratio between the number of the respirations and pulsations is doubly subverted. Ultimately, the inspirations assume the character termed "catching," and the pulse vibrates like the chord of a harp: from this state I have known no patient to recover.

Apoplexy subtracts the energies of the cerebrum: the respiration, from being a mixed function of the cerebrum and true spinal marrow, becomes dependant on the latter only. Hydrocephalus, in its ultimate stage, produces similar effects. As the anencephalous fœtus is not *viable*, so this subtraction of the energies of the cerebrum ultimately destroys life. The true spinal marrow cannot, alone, *sustain* the respiration; stertor, irregularity, and, at length, catching succeed, until it ceases altogether.

Not less interesting is the medical anatomy of the *Alimentary Canal*. If the œsophagus be the seat of scirrhus, we have dysphagia; if the disease be situated *high* in this organ, the dysphagia is simple; if *lower down*, the act of deglutition is unattended by conscious difficulty; but there are, after a certain quantity of fluid, for example, has passed the pharynx, first an overflow of the fluid, and then an act of vomiting, which, in this case, is œsophageal.

We will now suppose the scirrhus to be situated in the stomach; if the *body* only of this organ be affected, the mass of food passing freely onward, there is little or no suffering; but if the *pylorus* be involved in the disease, and its orifice be obstructed, the case is one of the most painful to which mankind is subject; there is no respite from pain and suffering, after taking food, until that food be rejected by vomiting; hunger, and pain, and vomiting, afflict the patient by turns. The rationale of all this we learn by studying anatomy and physiology.

Similar remarks apply to disease variously situated in other parts of the alimentary tube. Pain is experienced in a more or less severe form, and more or less speedily, after taking food, according as the disease is situated higher up or more remotely, in the intestine.

The urinary organs present us, as a system, with an interesting subject of medical anatomy and physiology. In obstructed urethra, from stricture or enlarged prostate, we have often hypertrophy of the muscular coat of the bladder: with disease of the bladder the kidney frequently suffers. In one case, in which the patient used a jugum penis for enuresis, both ureters were enormously distended.

I will not, for I need not, pursue this subject further. I have accomplished my object in this part of my lecture, if, whilst I have brought together some facts of real practical utility and interest in themselves, I have convinced you that surgeons must not be allowed to engross the study of minute anatomy, but that physicians and prac-

titioners in medicine must be led to cultivate, with assiduity, this noble, beautiful, and useful branch of medical knowledge. I will conclude this subject by an anecdote of the late Dr. Gregory, which is at once physiological and practical in the truest sense of these words, and illustrative of the physiology of another system, the uterine.

Dr. Gregory was consulted in the town of Ayr, in the case of a lady who had repeatedly miscarried, with dreadful hæmorrhage, in spite of every remedial means which could be devised by the first medical authorities in Scotland. Dr. Gregory saw the patient on one of these occasions; he prescribed for the hæmorrhagy, and, when this had been arrested, and the patient had sufficiently recovered, he examined the state of the mammæ, found them distended with milk, and directed a lusty infant to be applied, and nursed for nine months. The course of the uterine blood was changed; it was directed into another channel. The lady became pregnant, the mother of a living child, and ultimately of a numerous family, her labours being unattended by hæmorrhagy.

This history bears the stamp of genius. The fact itself is full of interest, and perhaps of more extensive application than may appear at first sight. May not the disposition to uterine hæmorrhagy, in other instances, be prevented by attention to the due adjustment of the mode and period of lactation?

But besides this view of the *systems* or *organs*, there is another aspect in which anatomy and physiology may be considered to be of the utmost importance to the physician —that of the *regions*. I have already adverted to this subject: I must now notice it a little more in detail, and first I will make a few observations on the medical anatomy of the *Organs of Respiration*. I will suppose you about to *explore* these organs, as it is termed. Now look at these plates: they represent the anterior and the posterior parts of the thorax, respectively. Without an accurate knowledge of the relative anatomy of the heart, the arch of the aorta, the arteria innominata, the lungs, the summit of this last organ, and of the containing parts, you cannot proceed one step with your auscultation and percussion. The whole of this important subject must be made as familiar to you as the changes in the pulse or the tongue, before you can investigate the diseases of the organs of respiration.

But if the relative anatomy of the containing and contained parts of the anterior parts of the thorax be important, that of the posterior part of the thorax is still more so, and affords a still more ample field for investigation. It is in this region that we trace the lower lobe of the lung, raised by effused fluid; that we ascertain the existence of inflammation of the root of the lung, or of the large bronchia; that we detect disease in the descending aorta.

But, most of all, we have an anatomical subject of great practical interest and importance in the part to which I now point, and which I know not how to designate, except as the *sterno-clavicular* region. Here are accumulated large arteries, the trachea and its first divisions, the œsophagus; these are sometimes diseased themselves, sometimes compressed by tumours, or by disease in the adjacent parts respectively. I need not ask you whether the relative or medical anatomy of this region be a subject of deep interest and of great moment to the practitioner.

I will suppose you called to a patient affected with slight cough and slight breathlessness. The vital question—that on which your prognosis of life or death will depend—is this: Is the case inflammation or tubercle? Observe the importance of being well acquainted with regions. If the case be bronchitis the rattles are observed, first, to occupy *both* these two dorsal regions, whilst the whole thorax remains sonorous under percussion; but if the patient be affected with tubercle, these regions are free, and *one* of these sub-clavicular regions is affected, exclusively, with dullness on percussion, rattles, and pectoriloquy.

But of all the instances of the utility of anatomy to the physician, none is more obvious than that of the anatomy of the *pelvis* and *perinæum*; an obstructed urethra, an obstructed intestine, a vagina encroached upon by disease variously situated in these organs themselves, or in the spaces which separate them, or in the general cavity of the pelvis, constitute, at the first view, a case of such complexity, that nothing less than a very accurate knowledge of anatomy can reduce it to its true simplicity.

The value of minute anatomy in the investigations into pathology, is more generally admitted. Carmichael Smith, Hunter, and Bichat, pursued the anatomy of tissues. The anatomy of the vascular system of organs is not less essential. In confirmation of this truth, I need only allude to the recent successful labours of Mr. Kiernan. Nor is it sufficient to pursue the tissues and the vascular system only. The organic structure of parts must be investigated; for want of having done this, MM. Petit and Serres, although they fully described and depicted the morbid anatomy of *typhus*, entirely failed in placing that anatomy in Peyer's glands.

Anatomy and physiology I have always regarded as different parts of the same subject. The structure and the function must be studied together; and in this point of view I have considered them in the preceding observations. They lead, also, immediately to the study of pathology.

The value of *pathology* to the physician is now too generally admitted to require to be enforced. The same remark applies to *therapeutics*, which, indeed, is the last link in the chain of studies which form the practitioner. There is one subject in therapeutics, to which I shall have to draw your particular attention, that of bloodletting. The due administration of bloodletting is one of the most important questions in the practice of medicine. The lancet is the most powerful *remedy* we possess. It has also been very justly called "a little instrument of mighty mischief." I have to propose a plan of bloodletting to you, which is at once a guard against the inefficient and the undue use of this remedy.

II. I will now proceed to enumerate the subjects more immediately embraced in the department of the *Practice* of medicine. This comprises—

I. The Literary History.

II. The Medical History, viz., 1. The causes; 2. The progress.

III. The Symptoms.

IV. The various Forms and their Diagnosis.

V. The Complications, the Sequelæ, and their Diagnosis.

VI. The Treatment and the Effects of Remedies.

VII. The Prognosis.

VIII. The Morbid Anatomy,—in reference to individual diseases.

Of all the points to which I have thus called your attention, none is so important as the DIAGNOSIS of diseases. To this subject I trust you will allow me to direct your most particular attention.

Without an accurate diagnosis, all our knowledge of the anatomy, of pathology, and of morbid anatomy, is useless; without a confident diagnosis, the physician dare not prescribe a powerful remedy, for it may destroy his patient; he dare not give an opinion, for it may destroy his reputation; inaction and silence are not less prejudicial. I trust that such a situation may not frequently be that of any of you; I will do my best to prevent such a calamity: and, as it has been my study for twenty years, to collect and arrange together such difficulties in the diagnosis as are most apt to beset us in practice, or to puzzle us from their rarity, I can point them out to you, warn you of them, guard you against them, or guide you in the midst of them.

What would the mariner do, without his charts of rocks and sand-banks on the one hand, and his compass on the other? Of what value would his skill in the principles of navigation be? It shall be my object, then, to place in *your* hands, as far as I am able, such maps of the difficulties which the medical practitioner meets with in his daily course; and such a compass: the former, in fact, are what I have designated the Diagnostic Arrangements; the very principle of which is so to arrange the cases of difficulty in the diagnosis of diseases, that they may be familiar to the eye and the mind of the medical student, that he may know them, and learn how to overcome them: the latter is the diagnosis itself, with the sources of which I shall take the utmost pains to make you familiar.

One thing in particular I shall endeavour to accomplish; it is never to speak to you, as I have just now done, in abstract terms: I will place *facts* before you: I will illustrate what I have to say of the difficulties and dangers, in regard to diagnosis, by bringing to your minds some such *cases* of difficulty and danger as are of daily occurrence in extensive practice.

For instance, I will now suppose you called to a patient of dingy complexion, complaining of headach, or of vertigo, perhaps of numbness of the third and little fingers, of drowsiness, of sickness, &c. What is the disease? Is there the threatening of apoplexy or of paralysis? or, is it merely an affection sympathetic of stomach derangement? Ought you to bleed? Should you excite the alarm, or may you lull the fears of the patient and his friends? If the case be apoplectic, and you delay the detraction of blood, or a proper statement of the urgency and danger of the case, your patient may lose his limbs or his life, by a sudden attack, and you your good name by the fact of that attack having taken you by surprise.

If, on the other hand, you do bleed largely, and you do alarm the patient, and the case prove to be but one of a dyspeptic character, you perhaps expose him to a dangerous state of syncope or of convulsion†, or entail unnecessary and protracted debility on him, and suffer yourself, in his esteem, by a mistake which becomes obvious in the course of the disease.

Happily, I believe I have discovered a mode by which you may immediately determine these important questions, and place your patient and your good name out of danger. This mode will be amply explained to you hereafter.

I will now imagine you called to a patient in a state to which the former may lead: there are stupor, stertor, &c. But is this really apoplexy? May not the person be merely deeply intoxicated? May he not have swallowed some narcotic poison? If he be taken in the street, may he not have received a blow upon the head? if in a close room, may he not be asphyxiated from the noxious vapour of a stove or coke fire? May he not be sinking from starvation? The mere fact of my placing this list of probable events before you, will serve as the mariners' chart, to which I have adverted above—will

† See my Researches on the Morbid and Curative Effects of Loss of Blood.

direct your inquiries: the sources and means of diagnosis,—the compass or guide amidst these difficulties,—will be discussed at length hereafter.

Similar difficulties occur, in regard to diseases of the heart. A patient may consult you with palpitation and breathlessness. The question now is,—Is there hypertrophy or other disease of the heart? and may the patient die in a moment,—in an unsuspected moment? Shall you direct bloodletting, digitalis, a low or mild regimen, and absolute quiet, and state the perfect truth to the patient or his friends? or—Is the affection sympathetic of dyspepsia, chlorosis, exhaustion, and comparatively of little moment, being certainly curable, but by means the very opposite to those proper in the case of actual disease? I almost tremble as I recall to my mind the mistakes daily made in regard to this subject. Yet, with attention, the diagnosis is clear enough; and as it is one to which I have, from its importance, long devoted my attention, it will be one upon which I shall dwell particularly in these lectures.

The cases which I have just brought under your notice, are some of those which are very apt to attack the patient *suddenly* and unexpectedly. I will now draw your attention to some others, not beset with less difficulty, from the fact of their *insidious* character.

How candid and touching are the following remarks of M. Cruvielhier:—"How frequently does it happen, that individuals labouring under inflammation of the cerebral membranes, have been treated as malingerers, or as being of a lazy disposition. A young girl is brought to the hospital, without any apparent functional disorder; she is morose and stupid, and answers only in monosyllables, after having been frequently and earnestly interrogated. The physician mistakes this for caprice or dissimulation, but she dies of inflammation of the sub-arachnoid tissue. I shall never forgive myself for having committed a similar error with regard to a schoolboy, eleven years of age, who was naturally lazy, and frequently feigned illness. The expression of this boy's countenance was perfectly natural; the pulse not accelerated; he lay in bed, with the knees drawn up to the chin, making no complaint of suffering, and merely desirous of being amused by entertaining stories. I made the child get up; he did so, but remained moping about the chimney-corner. I compelled him to walk up and down the room; his steps were uncertain, like those of a drunken man. This poor child was forcibly dressed, and even beaten by his parents, who thought he affected to be ill. I was soon, however, painfully convinced of the error into which we had fallen: the boy died of hydrocephalus."†

† Anatomie Pathologique, livr. vi., p. 2.

You may be called to a patient of delicate frame and constitution, affected with cough, breathlessness, &c., and the questions which then involve your character for discernment, and your patient's peace, in such a case, are these:—Is it mere slight catarrh? or,—are there tubercles?—fearful questions, on which life and fame alike depend.

More insidious still is the case of tubercles within the abdomen; and the question as to the prognosis,—which is that of the diagnosis,—is one of extreme anxiety to the patient's friends, and of responsibility to the physician.

You may be called to a case of extreme interest, marked, on the contrary, by acute pain and tenderness of the abdomen, with other symptoms, and this pain may vary greatly in degree: the case may be intestinal irritation, or it may be peritonitis; it may be strangulated hernia or intus-susceptio; or it may be perforation. Now, to know what the disease *may be*, is frequently the first step towards a knowledge of what it *is*; for we are thus taught what we should *expect*, and what we *might confound*. The problem is placed before us; for its solution we must go to the *sources* of the diagnosis.

I now pass on to another subject. You see this drawing of the exterior part of the abdomen: here are the marks of a seton; here are the marks of cuppings, and here those of leeches; they are absolutely uncountable. What was the disease in this case, think you? Why, there was no disease at all. Yet it was proposed by one surgeon, and it was pretended to be the wish of the patient, to extirpate the ovarium. In a similar case at Edinburgh, the abdomen was actually laid open; but no ovarian disease existed!! Now, what is the meaning of all this? In the case represented here it was a *fictitious* disease. The patient was a malingerer in the hospitals, and deceived many hospital physicians. In the other case the surgeon deceived himself.

But, I must further tell you, that some of our female patients are very perplexing: they sometimes feign diseases, and they sometimes feign pregnancy,—contracting the diaphragm, and the obliqui and transversales muscles, making the abdomen hard and unequally protuberant, and pretty accurately imitating tumour, or working the abdominal muscles about strangely, so as to mimic the movements of a fœtus. Even the accoucheurs are frequently deceived. The various modes of avoiding these mistakes, which are sometimes sad, sometimes ridiculous, will be, detailed in their proper place.

Besides these tumours of the abdomen, there are others not less equivocal in reference to the diagnosis. "About eighteen years ago," says the candid and illustrious Laennec, "I saw, in consultation with Bayle, a young person affected with double tertian fever, of a putrid nature. On examining the

state of the abdomen, I discovered a tumor, of the size of a man's fist, occupying the lower part of the epigastric region. It was tense and elastic, and gave the sensation of strong pulsations, which were isochronous with those of the pulse, and accompanied by a well-marked movement of general dilatation. Bayle also examined the patient's abdomen, and we were both convinced that she laboured under aneurism of the aorta, about the level of the cœliac artery. We gave some bark, however, and the fever was easily arrested. For more than a month the pulsations of the the tumour continued with unabated energy. Although the patient was free from fever, she continued in a very weakly state, and was much subject to nervous agitation; she did not recover fully before the lapse of six weeks after the cessation of the fever; about this period I examined the abdomen again, and was astonished at finding that all trace of the tumour and of pulsation had disappeared, although they had existed a few days previously; I communicated this singular fact to Bayle, who was equally unable to discover our supposed aneurysm. Since then, I have had several opportunities of seeing the patient, but she never has exhibited any similar appearance; I have subsequently witnessed several cases exactly analogous to the one now mentioned."†

I shall now point out to you several cases in which we may be led, by the very instruments we use for the detection of diseases, into an error in the diagnosis. I was consulted last winter by a very interesting patient, the brother of a medical friend at Fowey, in Cornwall: he had been taken with difficulty in swallowing; this difficulty gradually became greater, until the dysphagia passed into absolute inability to perform, or at least to complete, the act of deglutition: yet a certain portion of fluid could be apparently swallowed, as a small cupful; but, on adding to its quantity, it regurgitated through the throat and nostrils, and by an act precisely similar to that of vomiting. I took my patient to one of our first surgeons: he passed an œsophagus tube, and the fluid recently swallowed flowed through it freely. He concluded that the tube had entered the stomach, and, of course, that there was no obstruction to its course along the œsophagus. Nevertheless, the symptoms remained, and I was persuaded that, in fact, the act of deglutition, and the tube, had never passed beyond the œsapahgus. The event confirmed my opinion. The patient emaciated and died in eight weeks: on examination, the cardia was found completely obstructed by a morbid growth. If you will look at this drawing, you will understand what occurred in this case: the first acts of deglutition distended the lower part of the œsophagus; the subsequent ones filled this tube, until at length the fluid remaining in contact with the fauces, irritated and excited the muscles which close the larynx and accomplish expiration, and produce the act of vomiting: the œsophagus tube, and this œsophageal vomiting, merely emptied the lower and distended portion of this canal, without extending into the stomach.

A mistake is still more liable to occur in the use of the rectum bougie: this instrument is apt to rest upon the promontory of the sacrum, in the manner represented in this drawing, giving great pain to the patient, and exciting in the mind of the surgeon the idea of stricture or other obstruction. In other cases, the bougie catches a fold of the mucous lining of the intestine. A medical friend of mine, residing at Ollerton, in Nottinghamshire, fell into a state of indisposition, and remained nine weeks under my roof. I never suspected any disease of the intestine. He then went to Bath. In that city he consulted a young surgeon, who passed a rectum bougie, and fancied he discovered stricture. The use of the bougie was continued daily for several weeks, giving great pain and causing much irritation. I then met the patient in London; I saw no sufficient evidence of stricture, and I stated my opinion upon the case; I took the patient to Sir Charles Clarke, who, after an examination, confirmed that opinion. The bougie was relinquished, and from that time the *factitious* disease of the rectum, for such it was, was forgotten.

I now pass on to notice other difficulties in the diagnosis, arising from another source, viz., the effects of the remedies employed. One of the most remarkable cases of this kind is that of the morbid effects of loss of blood, to which, as I have treated it at great length in my "Researches" on this subject, I shall only advert thus briefly, at this moment, adding that Sir B. Brodie has made an interesting remark of this kind in his paper on Injuries of the Head, published in the fourteenth volume of the "Medico-Chirurgical Transactions." He observes,—"Where bleeding has been carried to a great extent, symptoms frequently occur which in reality arise from the loss of blood, but which a superficial observer will be led to attribute to the injury itself, and concerning which indeed it is sometimes difficult, even for the most experienced surgeon, to pronounce in the first instance to which of those two causes they are to be referred."

Another example of this kind is afforded by the morbid effects produced by mercury in some instances, and designated by Mr. Pearson, to whom we owe its detection, the *erethismus mercurialis*. To this affection the late Dr. Bateman, the friend of Mr. Pearson, fell a victim, and that from the want of a

† Traité de l'Auscultation Médiate: Ed. 2, tome ii, p. 736, 66.

prompt diagnosis. The first symptoms of this terrible affection occurred on the *ninth* day of mercurial inunction; this was nevertheless continued to the *thirteenth*. Dr. Bateman observes, in the detail of his own case, given in the ninth volume of the "Medico-Chirurgical Transactions,"—"It is evident that the features of the malady are not sufficiently known, even to the most enlightened members of the profession; for the failure on the part of the medical advisers, in the instance about to be related, to recognise its first symptoms, and the consequent repetition of the dose of the poison, after its commencement, had nearly proved fatal."

The detail itself is full of interest; and not the least affecting part of the story is that, eventually, the disease did carry off this able physician.

These examples will have convinced you of the importance,—the incomparable importance—of diagnosis in the practice of medicine. It was the subject of my earliest studies, and of my first publication. I cannot recommend it to you in too strong terms. My little work, with the additions requisite to make it a Treatise on the Practice of Medicine, I must also take the liberty of recommending to you, as a guide in this part of your studies, and as presenting an outline of these lectures.

III. The last subject which I shall bring under your notice is the *Science* or *Statistics* of medicine. This consists in,

I. The Observation of Facts.

II. The Deductions from Facts.

This department of medicine has been *created*, if I may use this phrase, by M. Louis, whose name I shall have many, many occasions to mention in this course of lectures. M. Louis is the BACON OF MEDICINE; he has taught us how to *observe*, and how to *deduce* important *laws* from the facts observed. His plan consists,

1. In the collection, with every precaution to secure accuracy and to avoid omissions, of *individual cases*; and

2. In the analysis and collation of these cases so as to deduce *general laws* and conclusions.

In regard to the cases, every *positive* and every *negative* fact of the history, of the functions, and of the structure, are carefully recorded.

In regard to the laws deduced from these cases, they relate to the influence of the causes, and of remedies, and to the existence of symptoms, of changes of structure, &c. &c., numerically ascertained.

But these statements may appear to you too abstract. I shall, therefore, immediately adopt my usual mode of giving you a practical and useful illustration of them. You have all, doubtless, seen typhus and phthisis; and you must be aware that there are many other affections which resemble them, which are typhoid, on the one hand, or which threaten to be consumptive on the other. Now, the principal symptoms in true typhus are—fever, muscular debility, stupor or delirium, dry and brown tongue, rose-spots on the skin, sudamina, diarrhœa, tympanitis, eschars on the sacrum, and on blistered parts; and, besides other lesions of other organs, there is one constant in connection with these symptoms, viz. ulcerations of Peyer's glands in the ileum.

By analysing and comparing 138 cases of this disease, of which 50 were examined after death, and 762 cases of other diseases, of which 83 were examined after death, M. Louis has been able to deduce the following laws:

1. That this, the true typhus, never occurs beyond the age of fifty.

2. That however typhoid affections may occur in the course of other diseases—of the brain, of the lungs, for example—or after the age of fifty, these are never attended by the *series* of symptoms proper to typhus, nor with ulcerations of Peyer's glands.

Do you not at once see the importance of these deductions in a diagnostic point of view? and, consequently, in reference to the prognosis and treatment?

3. That in cases of "*entérite*," the mucous membranes of the colon and ileum are found injected, thickened or softened, in various degrees; but Peyer's glands are free from specific disease.

4. That in true typhus there are, as *secondary* anatomical characters, ulcerations of the pharynx, œsophagus, epiglottis, and colon, and elargement of the spleen.

5. That affections of the encephalon, the true gastro-entérite, &c., are not more frequent in typhus, than in other acute diseases, &c. &c.

I need not tell you that true phthisis is that, the anatomical character of which is pulmonary tubercles.

1. Now, M. Louis has deduced, from the analysis and comparison of 358 cases, of which 127 were cases of death from phthisis, and 40 from other diseases, with tubercles in the lungs, that tubercles never occur in any organ in the body after the age of fifteen (and you know that they are occasionally found in every organ), except in cases in which they also exist in the lungs. The immense value of this fact—this *law*—will be evious to you when I bring to your mind that, in many cases of affection within the abdomen, for example,—we are filled with anxiety to know whether the disease be tuberculous. Now it cannot be so unless there be tubercles in the lungs. We have then but to determine this latter question, which it is often easy to do, to determine the former one!

To the law itself, M. Louis has only met with two exceptions. To myself it has oc-

curred to meet with an exception of peculiar interest.

And I must now observe, that, many years ago, I had deduced the same inference from my own observations, in regard to tuberculous disease in the abdomen, only these were in far too small a number to be considered as establishing even an approximation to a law. Several years ago I attended a patient with an eminent surgeon of Nottingham, affected with the symptoms of tuberculous disease in the abdomen. I gave it as my opinion that that was the patient's disease, and that, as I had never known that disease to exist without tubercles being present at the same time in the lungs, these would also be found on examination. We examined the abdomen, and the appearances were such as I had expected; we then examined a lung, but there were no tubercles. I almost concluded that the case presented an exception to the rule which I had previously deduced; on examining the other lung, however, it was found studded with tuberculous deposits.

2. A second law deduced by M. Louis is, that ulcerations of the epiglottis, the larynx, or the trachea, are not observed in any chronic disease, except phthisis; except also, indeed, syphilis.

3. A third law relates to the existence of ulceration of Peyer's glands, which is only found in chronic diseases, in connection with tubercles in the lungs.

4. The same law extends to the existence of tubercles in the mesenteric glands, and of the peritonæum.

5. A fifth law is, that peritonitis, chronic from its commencement, is always associated with tubercles.

6. The sixth law establishes the fact, that the fatty state of the liver is nearly confined to phthisis.

Such are a few examples of the important conclusions to which M. Louis has been led by his extraordinary and laborious researches.

In reference to typhus, and to phthisis, M. Louis has deduced this further common law: that in both these diseases, and only in these diseases, Peyer's glands, and the membranes of the larynx, epiglottis, &c., are the seat of ulcerations.

The "méthode numérique" assiduously and cautiously applied, gives the *value* of each supposed predisposition, each cause, each symptom, each mode of treatment of disease, &c. In what number, in what proportion of cases, is the supposed cause distinctly assigned to the given disease? in what number, is a given symptom present or absent? in what number, is a given remedy successful or unsuccessful? The *figures* give us the precise power of that cause, the precise value of that symptom, the precise efficacy of that remedy: they also present us with so many *laws*, the value of which is marked by the paucity of the exceptions to them.

I must now occupy your time for a few moments, only to apprise you that M. Louis has enabled me to lay before you the results of his extensive and careful observations. He has engaged to furnish me with those results for these lectures. I show you a portion of his manuscript. If I had no other title to your attention, I should consider this single one as of incomparable great value.

I will briefly sketch M. Louis's character,—and, first, in his own words:—"After having practised as a physician in a foreign country, I returned to France, at the age of thirty-three, determined to give myself up to the observation of disease; and, in order to obtain my end more effectually, I resolved to forego all other employment. I pursued this course for nearly seven years, in other words, during that time I devoted myself exclusively to the observation of all the cases admitted into St. John's and St. Joseph's wards, at the hospital of *La Charité*. Three years elapsed before I ventured to publish, at the request of a friend, my first memoir, on the perforation of the small intestines; my object being to observe for myself, and not to describe what I might have observed."†

This short sketch is that of a man of genius: no ordinary mind would have conceived, and no ordinary energy would have executed the plan. Well might M. Louis add, in reply to M. Broussais, "En consacrant à l'observation sept années de mon existence, dans l'âge de la force, qui est aussi celle de l'ambition, je n'ai imité personne." How strange is the reproach of his opponent,—for even M. Louis has his opponents—that he was "laborieux à l'excès,"—"observant jour et nuit!"

M. Louis is a man of such talent, labour, exactness, truth, and probity, as I never met with in any other man. His labours I shall consider as the chief ornament of these lectures, and my chief claim to your consideration.

POISONING
WITH THE
DAPHNE MEZEREON.

To the Editor of THE LANCET.

SIR,—The subjoined cases, illustrative of the poisonous effects of the berries of the daphne mezereon, are at your service should

† Examen de l'examen de M. Broussais, relativement à la phthisie et à l'affection typhoïde, par M. Louis, p. 3, 4.

you deem them worthy of a place in THE LANCET. I am, Sir, your obedient servant,

JAMES GRIEVE, M.D.
Junior Physician to the Dumfries and Galloway Royal Infirmary.
Dumfries, 14th Sept. 1837.

On the 29th August, 1837, at the village of Lochmaben, eight miles from Dumfries, three children, of the respective ages of two years, two years and a half, and three years, whilst amusing themselves in a garden, swallowed several of the red berries of the D. mezereon. The eldest girl was, by her parents, detected with some of the berries in her hand. In a few minutes after leaving the garden they were all seized with violent vomiting and hypercatharsis, which continued for some hours. Some of the berries were ejected from the stomach; a few also passed, unchanged, through the bowels. Mr. Brown, a medical practitioner in the village, was called in, and administered a solution of the tartarised antimony to each of the little sufferers. In the youngest child, a boy, the above symptoms soon ceased, and he suffered no further inconvenience; in the second child, a girl, the vomiting and purging were succeeded by considerable tympanitic distension of the abdomen, which speedily subsided on the administration of a common enema, and she also soon got well. The eldest girl, however, was destined to suffer more severely; she gradually became listless, languid, and drowsy, and exhibited other signs of approaching narcotism. Mr. Brown became alarmed, and I was sent for from Dumfries.

On my arrival at Lochmaben, nearly six hours from the time the fruit had been swallowed, I found her labouring under the ordinary effects of a powerful sedative; she was lying upon her back, her countenance was sunk and ghastly, her eyes dull, the pupils were slightly dilated, and contracted sluggishly on the approach of a lighted candle; when allowed to fall asleep her eyes were turned up, the respiration was slow, but free from stertor; pulse 44, very compressible, and occasionally intermitting; when roused she feebly asked for cold water to drink, but made no complaint of pain. From the time which had elapsed between my arrival and the reception of the poison, and the little patient having already vomited and purged very freely, I judged it unnecessary to have recourse to the further exhibition of emetics, or to the use of the stomach-pump, the indication to be fulfilled being to rouse and sustain the energies of the system, and enable it to overcome the baneful effects of the berries. I accordingly had immediate recourse to stimulants. A tea-spoonful of brandy conjoined with a few drops of the liq. ammoniæ, was administered every quarter of an hour; sinapisms were applied to the feet; the spine was well rubbed with warm spirit of turpentine, and she was carried about the room in the arms of her nurse. In little more than an hour I had the satisfaction to witness the beneficial effects of the above treatment; her sensibility to external impressions gradually returned, and her pulse rose to nearly 100. The thirst now became very urgent, and she was allowed to drink cold water in small quantities at a time, which she preferred to the coffee at first ordered. I now omitted all stimuli, and as she had no evacuation from the bowels since my arrival, I prescribed calomel, iij grains, to be followed in half-an-hour by iij drachms of castor oil. Three hours after the administration of the medicine, the bowels had not acted, nor had she voided any urine; I then ordered the calomel and castor oil to be repeated, and to have a common enema with spirit of turpentine, two drachms, which soon came away without any admixture of feculent matter. In the course of three hours the bowels acted partially, the stools were scanty and clay-coloured, being remarkably devoid of bile, nor did they assume a natural colour until next day, after several doses of calomel had been given. It is worthy of remark, that although the evacuations were carefully examined, the seeds of one berry only were found subsequent to the development of the narcotic symptoms.

On reviewing the above cases it appears that the primary effects of the fruit of the D. mezereon on the human subject, are that of a powerful local irritant, causing vomiting and hypercatharsis, and that it only operated as such in the two younger children; its secondary effect seems to be that of a powerful narcotic, for we have the elder child, though similarly vomited and purged with the others, labouring under all the symptoms of poisoning; the narcotic principle of the fruit having been absorbed and carried into the circulation, and had it not been for the opportune application of stimulants she must inevitably have sunk under its influence. Several cases are on record in which the berries of the mezereon acted as a powerful irritant, but I am not aware of any case where its narcotic influence was so decidedly manifested, as in the above case of the elder girl.

Linnæus † in his Flora Suedica, says, that six will kill a wolf, and that he once saw a girl die of excessive vomiting and hæmoptysis, in consequence of taking twelve of them to check an ague. The Daphne Laureola, or spurge laurel, a common indigenous species abounding in low woods, is said by Withering to be very acrid, especially its root. Dr. A. T. Thomson, in his very able lecture published in THE LANCET of 19th August, mentions that Keat has recorded in his "Hist. des Plant. Venen.," a case of

† Christison's Treatise on Poison.

poisoning by mezereon, which was administered as a remedy in dropsy. It brought on hypercatharsis, and the case terminated fatally. Dr. Thomson recommends the antiphlogistic treatment; this, however, can only be applicable in the primary or irritative stage of the poisoning, for it is obvious that stimulants, alone, could have averted fatal consequences in the depressed state in which I found my little patient.

CASE OF

STRICTURE OF THE URETHRA,

OF LONG STANDING, CURED BY

CUTTING DOWN UPON THE CONTRACTED POINT.

By EDWARD MAINWARING, *Surgeon, Birmingham.*

On the 26th of May, 1834, six o'clock, A.M., I was called upon to attend William Bentley, of Sheepcote-street, Birmingham. On my arrival I found him labouring under all the distressing symptoms of complete suppression of urine, of some hours duration; great distention of bladder; high fever; quick, hard pulse; furred, dry tongue; great anxiety, and ammoniacal odour of breath; has had warm baths, and two strong anodyne draughts, without relief, by order of Dr. Eccles. I immediately had recourse to the catheter. The urethra was very irritable, and I found a formidable stricture at the bulb, rigid spasm of the membranous portion, and a very much enlarged prostate gland, being full as large as a hen's egg; but by perseverance, and raising the point of the catheter with the finger of the left hand in the rectum, I succeeded in its introduction into the bladder, and drew off upwards of two quarts of urine, at once affording complete relief. I then ordered an enema, to be administered as soon as he had recovered from his exhaustion, and an anodyne draught at bedtime.

I called during the day, and made some inquiries into my patient's history. He is sixty years of age, and by trade a carpenter; has been more abstemious in his habits than otherwise, occasionally, only, taking a drop too much. His appearance is that of a dark-haired, thin, pale man, about five feet six inches high, not emaciated, but still looks like one who has seen some hardship. He bears a good character for industry, and has reared a large family; his general health good. He states that he has had difficulty in making water for twelve years, but that twelve months ago he was suddenly seized with a stoppage of his urine, and with anxious desire to void it, after walking half a mile on a hot day, and drinking a draught of porter while he was heated; since then has had occasional attacks of this sort, accompanied by severe pain in his back and lower part of his belly; but these attacks went off, by rest and quiet, without medical assistance. Has been subject to hæmorrhoids for twenty years, which are very painful occasionally; to hydrocele of the left scrotal sac for twelve years, and has been in the hospital here several times for relief, but no permanent cure effected, the sac being now much distended with fluid. Never had gonorrhœa or syphilis of any kind.

27. To day I was sent for, and found my patient labouring under the same symptoms as yesterday. I again attempted the catheter, and I suppose was an hour using every manœuvre possible to introduce it, but without success. He complained most horribly of the pain and irritation I gave him, although I used but very little force. His pulse was hard and full, which, with his other symptoms, induced me to, immediately, tie up his arm, and bleed him to faintness. Administered an enema, and gave him an anodyne draught, containing forty drops of Batley's sedative solution, and to have constant fomentations of poppy-head water to the abdomen and perineum.

Three hours after. The distressing symptoms continue, and the bladder seems fast distending. I attempted the catheter again, but did not succeed. I now directed my attention to the scrotum, thinking that, from its great distention with fluid, it might exercise some sympathetic influence over the bladder. I punctured it, and drew off the fluid collected. Applied six leeches to the perineum, and gave a starch injection, containing 3j. of laudanum. An hour after, I used the catheter again, but without success. His symptoms were now of that alarming nature that I determined upon calling in further assistance. Mr. Freer and the late Mr. Chester were sent for, when, after many fruitless attempts to pass the catheter, we determined to puncture the bladder, as being the only means left to save my patient. This I immediately did, about three inches above the pubis, and through the canula. I introduced an elastic gum catheter into the bladder, which remained in the new made passage for twelve weeks, during which time I had to combat several severe attacks of peritonitis, which I subdued by the steady and persevering use of calomel and opium, warm fomentations, glysters, and strict watching, scarcely ever leaving him for more than two or four hours at a time, day or night, during the whole period of twelve weeks' painful confinement.

About every fifth or sixth day I had recourse to the catheter, which I at last succeeded in passing into the bladder. I now felt delighted at the prospect of a speedy cure to my patient, and a termination to my

anxiety and care; and for five days he went on well, sat up for several hours in the day, enjoyed his meals, and slept well at night. The inflammation of the prostate had been reduced by leeching, and other suitable means, and he was now gaining strength rapidly. He, however, on the fifth night, and he says in his sleep, pulled the catheter out of his bladder, although I had secured it by tape; and when I called at midday, expecting all was going on well, I was exceedingly mortified to find my patient with his bladder painfully distended, and unable to void his urine. I immediately attempted to pass the catheter per urethram, but could not succeed, from its excessively irritable state. The gentlest introduction of a well oiled gum catheter produced therein excruciating pain and spasm, rendering it impossible to pass it more than two or three inches. Here was a condition to be in! the punctured wound had quite healed, my patient's bladder full and painful; he was very weak and reduced, and seemed now to resign all hope of relief. I however cheered him, gave him an anodyne draught and a starch injection, with 3j. of laudanum, and ordered fomentations to be constantly applied.

I called again in three hours; in the meanwhile a slight oozing of urine had commenced from the puncture in the abdomen, and on my removing the bed-clothes a fine stream of urine, of the thickness of a pin, jetted to the height of fifteen or twenty inches. Taking advantage of this, I seized the catheter, and bored it into the bladder, and relieved my patient. I again left him tolerably comfortable.

We now went on much as before; he in bearing his sufferings, and I attempting to relieve them for another period of seven weeks, during which time I used, at intervals, every means possible to again enter the bladder per urethram, but without success. I could pass the catheter somewhere, its full length, but certainly not into his bladder. By this time my patient's mind was so harassed by his distressing situation, that he hoped I would end his miserable existence, or devise some means of relief from this most extreme state of suffering. I then determined upon performing the lateral operation; to this he joyfully consented, and with the kind assistance of Mr. Baynham and Mr. Welshman, I accomplished it. My patient's health had been much shattered, certainly, but there yet remained considerable courage, and for some time the thought had struck me, that I could take advantage of the opening into the bladder through the abdomen, and render the operation less difficult, and success by far more certain. With this view I prepared a sound a little longer than the common one, and bent it into this shape , and having placed my patient on the table, secured as for lithotomy, I passed a sound down to the bulb of the urethra, this being quite as far as I could go with certainty; and having placed it in the hand of one of my kind assistants, I withdrew the gum catheter from the bladder, through the wound in the abdomen, and introduced the prepared sound through the same passage. Having found the neck of the bladder, I pushed the sound into it as far as I could, and placed it in the hand of Mr. Welshman. Thus prepared, I made my incision down to the point of the sound in the urethra, and dissected carefully on till I could distinctly feel the sound in the neck of the bladder, when, having fixed my knife on its point, I gently withdrew it, and followed with my knife, dividing in its course part of the prostate gland and the neck of the bladder. Having now obtained a satisfactory entrance into the bladder, and this being accomplished without much loss of blood, my patient bore up well. He was now placed in bed, and the wound left open, with the view of keeping up a steady drain from the diseased gland, and an easy passage for the urine. At the end of three weeks my patient not having had a bad symptom, and the prostate very much diminished, I ventured upon passing a catheter down the whole length of the urethra, and healing up the wound in the perineum (the one in the abdomen was perfectly so). To effect this I had a silver trough made, which I introduced through the wound into the bladder; then passed an elastic gum catheter down the urethra, and fixing its point in the trough, I passed it into the bladder. The trough was then withdrawn, and the wound dressed with caustic and lint. At the end of nine days the wound in the perineum was quite healed, and I withdrew the catheter, and in a few hours my patient made water, to use his own expression, "as well as ever he did in his life." It is now nearly three years and a half since the operation, and he has remained perfectly well, never having once complained of difficulty in voiding his urine.

The hæmorrhoids are much better, and he has ever since been able to follow his occupation with comfort.

No. 9, Colmore-row, Birmingham.
Sept. 1837.

CASE OF

ANEURISM,

IN WHICH THE

SUBCLAVIAN ARTERY WAS TIED

ON THE RIGHT SIDE,

INTERNAL TO THE SCALENUS MUSCLE,

By GEO. THOS. HAYDEN, *M.R.C.S., I., Surgeon to the Anglesey Hospital, St. Peter's Hospital, and Lecturer on Anat. and Surg. in the Original Peter-street School, Dublin.*

ELIZA MOULANG, aged 57, of intemperate habits, unmarried, residing at No. 8, Myler's-alley, states, that in November, 1834, she perceived a small pulsating tumour, of the size of a pea, about an inch and a half below the right clavicle, and nearly the same distance external to the sternum. She was never subject to palpitations. She had, previously, with the exception of a severe attack of erysipelas, enjoyed pretty good health. In April, 1835, the tumour had slowly increased to the size of a marble; at about that period she suffered from considerable anxiety and depression of spirits. Now, for the first time, she felt a lancinating pain in the tumour, extending to the shoulder. This, however, subsided in a few days. Up to the middle of August, she experienced so little pain or inconvenience as to be able to follow her usual domestic avocations, the pain recurring only after unusual exercise. From the latter period up to the present, the tumour has been more markedly enlarging; the pain, which is increased at intervals, has never left her altogether.

Aug. 22, 1835. She was seen by Dr. Ireland, Messrs. Wilmot, O'Beirne, and Hayden, for the first time.

Sept. 7. The patient was admitted into the Anglesey Hospital. On examination, a large pulsating tumour was observed situated internally to the axilla, parallel to the upper edge of the pectoralis minor, and extending above the clavicle: it is circumscribed, and has pulsation referable to its inferior part. There is considerable tension on the upper portion of the tumour, the size of which can be diminished by pressure. Comparing the clavicle of this side with the opposite one, the former appears somewhat displaced, being pushed upwards. The arm, forearm, and hand were much swollen and œdematous some days since. "Bruit de soufflet" over tumour.

Results of stethoscopic examination not unfavourable in reference to operation for this disease, declared to be aneurism of subclavian artery extending to the *scalenus*. She now describes the pain as darting through the tumour to the back of the shoulder, and down to the elbow. She also complains of an almost insupportable sense of weight and numbness in the whole extremity, although the swelling of it is inconsiderable.

From the 7th to the 15th of September, aperients, venesection, and anodynes were employed with only temporary alleviation of her sufferings.

Consultations were held, at which some of the most eminent practitioners of this city gave their assistance. The operation at the distal side of the artery was mooted; but, ultimately, it was decided, that the subclavian should be tied at the internal side of the scalenus, if that portion of the artery proved sound, and if not, to secure the arteria innominata. The sufferings from the aneurism were, at this time, very severe; anodynes in immense doses had failed to procure even temporary ease.

The patient, after a full statement of the grounds of our hopes and our fears, as to the result of the operation, expressed intense anxiety to submit to any measure which would afford even the slightest hope of removing her present almost intolerable sufferings, provided there was no probability of her expiring during the performance of the operation.

The consulting officers of the hospital, Drs. O'Beirne, Ireland, Sir James Murray, with Messrs. Wilmot, Kirby, Adams, Harrison, Evers, L'Estrange, were unanimously of opinion that the operation should be no longer postponed. These gentlemen were so kind as to give their valuable assistance on the occasion.

Operation.

Sept. 15, 1835, 3 o'clock, P.M. Patient placed on the back upon a large table, furnished with mattrass and bolsters; head slightly depressed, and turned to the left side. First incision, commenced nearly at the left sterno-clavicular articulation, traversed the upper margin of sternum and clavicle, terminated beyond the posterior or acromial margin of the sterno-mastoid muscle, through integuments and platysma, including subjacent adipose tissue, of about a quarter of an inch in depth. Second incision, commenced about four inches from the sternum, a little to the left of the mesial line of the neck, so as to terminate by falling at right angles on the commencement of the first incision, dividing the parts to the same depth: two sides of a triangle were thus formed, the apex at the sternum. The flap, consisting of integument, platysma, and adipose layer, was raised from apex upwards and outwards; the outline of the sterno-cleido-mastoid was now very distinct, but still covered by the superficial cervical fascia; the latter was carefully divided immediately above the sternum, corresponding to the anterior edge and lower extremity of the sternal portion of the sterno-cleido-mastoid. A director was next introduced beneath this muscle, the fibres of

which were divided at about a quarter of an inch from the sternum and clavicle, and precisely parallel to its origin. The muscle was now raised upwards and outwards with the handle of a scalpel; a small vein was here tied. In the next stage of the operation, the sterno-hyoid and sterno-thyroid were divided upon a director. Hæmorrhage from a small artery and vein so inundated the part, that it was found necessary to secure them before the operation was proceeded with. After the displacement of some cellular structure with a director, the innominata, carotid, and subclavian were felt; compression of the last mentioned vessel suspended pulsation at the wrist and tumour. The first part of the subclavian was found not involved in the disease, and, consequently, it was decided that this vessel should be tied in preference to the innominata, which had been clearly exposed, and which, from its direction, and being uninterfered with by the clavicle, seemed to offer much less obstacle to the passage of the ligature; this was, at first, attempted with an aneurism needle, made of silver, in order that it might be bent so as to present a degree of concavity to the clavicle, to be determined by the displacement of this bone, and the depth of the artery. The eyed part of the needle, for about an inch, was made to slide off and on (like the canula of a trocar), so that when the extremity of the needle was brought around the artery, the eyed portion, with the ligature, might be withdrawn. But when the handle of the instrument was depressed, the upper part slipped from the lower before the latter had passed under the artery. The vessel was subsequently secured with Mr. L'Estrange's* needle.

This needle, when operating upon the subject, was found to unscrew in attempting to pass it under the artery. Mr. L'Estrange, with that ingenuity for which he is so remarkable, has obviated this objection by adapting a silver canula, which, on being pushed down, prevents the extremity from being unscrewed, and on being drawn up, admits of the separation of the eyed portion from the shaft. The surgeon's knot was made very readily in the usual manner; the middle and internal coats of the artery were felt giving way as the ligature was tightened, the extremities of which, having been brought over the clavicle, the flap was next laid down and retained by two points of suture, pledgets of lint, and adhesive plaster.

* This instrument is made of steel; has two eyes close to each other; the one farther from the point carries the ligature; the other receives a small steel hook that fixes the extremity of the needle while the shaft is unscrewed from that portion containing the eyes, which then may be readily drawn around the artery together with the ligature.

Eight o'clock, P.M.—Immediately after the operation, the pulse in the left wrist was 124, and soft; respiration somewhat oppressed, and became more so since, accompanied with partial loss of voice; difficulty of deglutition; felt an acute pain in the stomach after swallowing any fluid; considerable sense of tension in the neighbourhood of the wound:—tumour, which was considerably diminished, upon the application of the ligature, is now refilled, but, with an absence of pulsation; complains of pain somewhat similar to that experienced before the operation; coldness of the right-hand, which was removed by the application of warm flannels.

Acetate of morphia, ¼ grain; *camphor mixture*, ℥i; *aromatic syrup*, one drachm. Mix. Draught to be taken at once.

The alkaline effervescing mixture, made with carbonate of soda and with lemon juice, every third hour. She felt considerable relief by being supported in the semi-erect posture by a bed-chair.

16. Pulse 130, hard; respiration somewhat relieved; difficulty of deglutition still continues; took a little tea and bread, which have not affected her stomach, as yesterday, since the bowels were moved by an enema. The tension was at once relieved by the removal of the dressings, and the division of the sutures.

Continue the effervescing mixture. The following anodyne at night:—

Acet. of morphia, gr. ¼; *laurel water*, ℥ss; *camphor mixture*, ℥j; *orange syrup*, ℥j. Make a draught. To have grapes and oranges.

17. Pulse 120, compressible; respiration has an asthmatic character; bowels opened to-day by cathartic mixture; obviously labouring under bronchitis.

Tartarized antimony, one grain; *mucilage of gum arab.*, four ounces; *orange syrup*, two ounces. A large spoonful occasionally. Continue the anodyne draught. Apply 18 leeches below the wound.

Linseed poultice to the wound. Blister between the shoulders.

18. Respiration greatly relieved after the application of leeches and the action of blister. Pulse 120. Mucus tenacious, troublesome, and expectorated with difficulty. Some nausea from expectorating mixture. Tongue loaded and yellow. Four liquid and bilious stools since yesterday. Urine has presented a deep beer-like colour, and, until to-day, has been scanty. Feeling of tension and pain removed; retraction of lips of wound; some suppuration.

19. Pulse 108, soft; expectorates freely; tongue cleaning at edges; took tea and bread with appetite; urine deep and turbid; wound suppurating profusely; free from tension and soreness; "*fine and easy*," to-day, to use her own expression.

James's powder; calomel, of each two grains; *ipecac.*, one grain; *mucilage*, enough to make

a pill; to be taken at once. *Hoffman's fluid ether*, one drachm.

Camphor mixture, five ounces; *carbonate of ammonia*, twelve grains; *ipecac. wine*, two drachms; *orange syrup*, one ounce. A large spoonful, when the cough is violent. Continue anodyne draught.

21. Continued pretty much the same since last report.

Carbonate of ammonia, one grain; *blue pill*, two grains; *ipecac.*, half a grain; mucilage, enough to make a pill. One every four hours.

At the urgent request of patient she is allowed a little veal broth and a glass of beer.

Six leeches had been applied over the lower part of the trachea, and afterwards a blister to the sternum: bowels opened by enema. Can now nearly resume the horizontal posture; wound suppurating freely; motion of ligature during respiration quite obvious. In despite of all entreaties, the patient moves the affected extremity very frequently. The anodyne draught and pectoral mixture to be continued.

23. Pulse somewhat quicker; in other respects as before; appetite improving.

Acetate of morphia, one grain; *Tinct. of digitalis*, one drachm; *Lemon syrup*, one ounce; water, three ounces; two large spoonfuls every three hours.

25. This morning, although positively forbidden, she got out of bed, and walked about the room. Subsequently, at two o'clock, P.M., she would not suffer the nurse to pass the bed-pan under her, but got out of bed; while in the act of doing so, and rising upon her right hand, placed upon the bed, considerable hæmorrhage suddenly set in. Mr. Farnly (now Dr. Farnly, of Dewsbury,) was at that time a resident pupil at the hospital, noted and kindly took charge of the case, turned down the poultice, and thrust a piece of sponge into the wound; nearly a pint of blood had flowed almost in a continued stream over the clavicle, not florid as arterial blood, nor did it come per saltum.

In consultation, it was agreed to remove the sponge, and introduce a fresh piece with a ligature attached. Upon removing the first sponge the coagula formed was sufficient to resist further hæmorrhage, although she breathed laboriously, and coughed several times. The sponge, with the ligature attached, was then pushed a little way beneath the clavicle into the wound, a second piece placed over this, and finally, two or three compresses of lint were bound over both, with a figure of 8 bandage.

27. Four o'clock, P.M. Hæmorrhage did not recur. Oppression and difficulty of breathing, with a quick and compressible pulse, have been present since last report, together with a sense of sinking. Involuntary discharges yesterday; mucous râle during the day. She expired about this hour without a struggle, retaining her senses to the last.

Post-mortem Appearances about Twenty-four hours after Death.

The accurate report made of this autopsy by my esteemed friend Mr. Ewers, Professor of Anatomy, has been mislaid or lost, so that I am only able to give a mere outline of the whole. The preparation, however, made with this gentleman's usual care and skill, is preserved in the museum of the Royal College of Surgeons in Ireland.

On raising the parts concealing the loop of the ligature some coagulated blood was found in this situation. The surrounding parts were all aglutinated by the effusion of lymph. The subclavian artery, at the site of the ligature, was gaping irregularly for three-fourths of its calibre, the remaining one-fourth sound and retaining the ligature. The right carotid *considerably* enlarged. The aneurysm was found to extend to the anterior scalenus muscle, beneath the clavicle, and between the branches of the brachial plexus of nerves.

Its contents were solid throughout, and laminated. A second aneurism, of the axillary artery, about the size of a large gooseberry, distinct from the former, was situated in the first stage of its course. The innominata was healthy; the arch of the aorta somewhat dilated; heart natural; acute bronchitis of both lungs.

Observations.—A New Plan of Operation suggested.

It is a curious fact, that so many years (24) should have intervened between the taking up of the subclavian artery internally to the scalenus muscle, an operation first performed by Dr. Colles, Ex-professor of Surgery of the College of Surgeons in Dublin, in October, 1811,† and the preceding case, the particulars of which I have just detailed; the more so, as the artery was subsequently tied, seven months after, in this city, by Mr. O'Reilly, in *Jervis-street Infirmary*, and although the patient was young, in rude health, an exceedingly favourable subject, yet he was carried off by secondary hæmorrhage supervening on the thirteenth day after the operation. In this case, the ligature had come away; the artery was found fairly divided, and both portions, distal and cardiac, separated two inches, and also patulous, the *cardiac extremity particularly so*. In none of these cases was there such an attempt at the reparative process in the site of the ligature, as to render us sanguine of the result in pursuing this plan of treatment again. In Mr. O'Reilly's case and my own, the disease of the axiliary artery would contrain-

† See "Ed. Med. and Surg. Jour." Jan. 1831,

dicate the performance of the operation on the distal side of the aneurism. Operations performed upon the subclavian in the outer third have proved successful, although very near the site of the operation internal to the scalenus. Are we to look for the cause of this success in the circumstance of the *impetus of the blood sent from the heart* being taken off by the several branches (viz. vertebral, thyroid-axis, internal mammary, cervicalis profuda, superior intercostal), which come off from the artery at the cardiac side of the ligature?

The want of success that has followed a ligature placed upon the A. innominata, would also go to shew that the impetus of the blood has a great share in disturbing the sanative process set up by nature at the site of the ligature. Under these circumstances, I would suggest the propriety of tying both the common carotid and the subclavian at the *same time;* and the steps of the operation necessary for exposing the latter, will be sufficient for laying bare the former also. A coagulum will soon form, which will extend through the portions of subclavian and carotid on the cardiac side of the ligature, and also through the *whole* of the arteria innominata. The carotid, not having any branch near to the distal side of the ligature, would be more secure than the subclavian; but we have seen that coagulation of the blood in the aneurismal tumours was *not* presented by the reflected supply obtained from the branches intermediate between the ligature and the aneurism; and in three cases, the common carotid of that side was open and *considerably* enlarged. Of course, this plan should be aided by the constitutional and local means known to favour coagulation of the blood in the sac of an aneurism. How favourable has been the termination of operations upon the carotid femoral, and external iliac arteries. In each of these cases, the large vessel (subclavian, profuda, or internal iliac respectively) is at such a distance from the ligature as to permit the formation of a *lengthy* congulum at the *cardiac* side of the ligature. Were I to operate again upon such a case, I would bind the patient's arm so effectually as to prevent, as much as possible, the motion of the affected extremity. The perverseness and obstinacy of my patient, in this respect, were most deplorable, for she would, in despite of all our entreaties and warnings, move about, perfectly reckless of consequences. The disturbance thus produced must have contributed to prevent the reparative process being fairly established. Such patients should, in my opinion, be placed upon Earl's bed, and rest, as absolute as possible of the whole body, enjoined.

In those cases, the severe and almost intolerable pain endured by the patients (probably owing to the pressure exercised by the aneurism on the brachial plexus of nerves), renders them anxious to submit to any operation, and, indeed, warrants the surgeon in undertaking what may be esteemed to afford but even a *possible* chance of success. In Moulang's case, the most powerful narcotics had failed to procure even temporary ease. This poor woman frequently declared she would prefer death to lingering out a miserable and painful existence, rendered, each day, more distressing by the aggravation of her sufferings consequent upon the progress of the disease.

Dublin, Sept. 16th, 1837.

PRACTICAL OBSERVATIONS ON THE

EPIDEMIC INFLUENZA,

AS IT APPEARED

IN CHELTENHAM

IN THE BEGINNING OF THE YEAR 1837.

By JAMES M'CABE, *M.D., Cheltenham.*

"Difficile est communia bene dicere."—HORACE.

THE observation of the poet, which I have placed at the head of this paper, applies well to the disease of which I am here about to attempt a description. The epidemic influenza which has so recently extended itself throughout the greater part of Europe, having presented, on its first appearance, the symptoms merely of an ordinary cold, it is, perhaps, the more difficult to convey, in terms sufficiently definite, the essential and characteristic distinction, or difference, between an ordinary cold or catarrh, with its accompanying fever, and the late formidable, and too frequently fatal, epidemic.

To this similarity of symptoms, at the beginning of the attack, may, in a great degree, be attributed whatever mortality was occasioned by the influenza. Elderly persons, who, for years, had been accustomed in the winter season to catarrhal affections, disregarded its first attack, and merely had recourse to their accustomed remedies. The remedies used were frequently stimulant, and the public press too generally lent the sanction of pretended authority, and the contagious stimulus of publicity, to the recommendation of dangerous specifics. A teaspoonful of sweat spirits of nitre, and the same quantity of paregoric elixir, was one of these dangerous specifics, ostentatiously paraded in the public papers as an infallible remedy for the cure of the prevailing epidemic; and the physician, when at length consulted, at, perhaps, an advanced stage of the disease, frequently found that such a dose had been taken night after night, until, at length, the inflammation of the lining membrane of the air-cells of the lungs, which at first had been, probably, merely catarrhal, increased by this strong

stimulant and opiate, had terminated in chronic bronchitis, threatening immediate suffocation, from the effusion of phlegm and mucus, and often of a muco-purulent fluid into the bronchial ramifications.

Another symptom which, in elderly persons, frequently masked the real disease, was lumbago; shooting pains about the back and loins, generally accompanied the first accession of the epidemic, and persons who had long been accustomed to such pains, could not be induced to believe that they were different from those of ordinary lumbago. The only fatal case which happened in my own practice, occurred in this way:—A lady, nearly eighty years of age, who had narrowly escaped from the epidemic influenza of 1833, was attacked with pains and stitches about the lumbar region during the prevalence of the late epidemic. Happening to call upon her, I found her ill in bed, with what I foresaw would be a dangerous attack of the influenza, and having brought her, with great difficulty, through the epidemic of 1833, I apprised her of the necessity of having immediate recourse to remedies. This advice she refused to comply with, asserting her conviction that it was not the influenza, but lumbago, with which she was attacked, and stating, that she had already applied a belladonna plaster to her back, which, in such attacks, she had always found an infallible remedy. I heard no more of her for the following six or seven days, when I was summoned to attend her; but it was now too late. The lungs were engorged with a muco-purulent matter, which impeded the circulation and respiration, and which she had not the power to expectorate. The distressing râle increased, the sensorium became affected, and she died on the fourth day after I had been called into attendance, and, probably, the eleventh or twelfth from the first attack of the epidemic.

A circumstance of some practical importance attended this case, with which the patient made me acquainted a day or two before its fatal termination. During her attack of the influenza, in the epidemic of 1833, the expectoration was most profuse, and became of a muco-purulent nature towards the termination of the disease; after the accompanying fever had entirely ceased, the same sort of discharge took place from the mucous membrane of the intestines. Finding her greatly weakened by, and in danger of sinking under, these discharges, I ordered her port-wine negus. This remedy acted most beneficially, almost instantaneously checking the expectoration and intestinal discharges. Recollecting this circumstance, the patient told me that she had of herself tried the same remedy, almost at the beginning of her late and fatal attack, but that, instead of deriving any benefit from it, her fever had been greatly increased, and her breathing rendered still more difficult. This circumstance shews the impropriety of having recourse to stimulating remedies in the early stages of the influenza, and the injurious effects that may probably have resulted to the public by the prescriptions recommended through the public press; for a small quantity of warm port-wine negus is by no means so powerful, or so dangerous, a stimulant as paregoric elixir and nitrous ether in the early stages of bronchial inflammation.

The first manifestation of an attack of the epidemic influenza was seen in its effects on the pulmonary apparatus, and the cavities about the face and fauces which are ordinarily affected by catarrhal discharges. A fever of a very peculiar nature generally accompanied this attack. The peculiarity of the fever consisted in a nervous restlessness and watchfulness, which accompanied its first accession, together with an anxiety and apprehension which in general appeared to exceed the importance or apparent danger of the attack. The discharge from the mucous membrane of the nose, and cavities about the face and fauces, was different from the thin catarrhal discharges which ordinarily accompany a common cold; it was thick, yellow, and, in some instances, white, as if the albuminous part of the blood was secreted from the mucous surfaces, lining the cavities about the face; and the same kind of secretion, extending into the bronchial ramifications of the lungs, gave to the expectoration, which, in most instances, was profuse, the appearance of a muco-purulent discharge, particularly in the mornings, when thickened and condensed by having remained for some time in the bronchial ramifications.

With regard to the description of persons most liable to the influenza, it appeared to attack all indiscriminately; the very young and the very old, and such as were otherwise infirm, as might be expected, suffered the most severely. It was among such only, in Cheltenham at least, that any fatal cases occurred. The disease generally attacked all the members of a family, either simultaneously or in rapid succession. This circumstance led many to the opinion, that the influenza was propagated by personal contagion. But the rapidity with which it attacked not only the population of towns, but the whole community, is scarcely reconcileable with that opinion. Various statistical circumstances, in towns and districts of country, may hasten or retard the development of a disease arising from atmospheric causes, so that some appearance of succession may be observed in its progress in different localities, and various degrees of susceptibility to the impressions of the disease may exist in different individuals, which may occasion a succession in its attacks even in the same locality. The general charac-

teristics, however, of an epidemic, that is, of a disease which seizes at once, or nearly so, upon whole communities, seemed rather to belong to the influenza than those of a disease arising from personal contagion, and afterwards spreading by the slow and successive progress of contagious propagation.

With respect to the treatment of the influenza, it varied, of course, according to the circumstances attending each individual case; such as the habit of body and previous state of health of the party attacked; the periods at which the physician was first called in, and the functional or organic derangements with which the affection of the chest might have been complicated. In most cases the affection of the chest was complicated, either at its commencement or during its progress, with derangement of the biliary system; and some cases were accompanied by actual jaundice, attended with excruciating pain in the region of the gall-bladder, leading to the suspicion of the presence of gall-stones. In such complications, small doses of calomel and James's powder, with warm baths, or fomentations to the region of the liver, together with mild aperients, were found to be most successful remedies.

The fever which accompanied the influenza seldom required general bloodletting; but the difficulty of breathing often required local depletion, by the application of leeches to the chest. I was called, much about the same time, to two ladies who were attacked by the epidemic; they were both of full habits of body, and both in the prime of life. In both cases there was great difficulty of breathing, and high fever. In one of these cases I immediately directed the application of a dozen leeches to the chest, beside giving, internally, James's powder and the extract of hyosciamus, with nitrous and mucilaginous drinks. As the other lady happened to be then very near the period of her accouchment, I hesitated about ordering the leeches, and at first confined the treatment to general remedies. On visiting both patients next morning, I found so great an improvement in the case in which the leeches had been applied, and found that the other patient had passed so restless a night, that I immediately directed the leeches to be applied, which, in this case, also, produced immediate relief; and in both were followed by a speedy and perfect recovery.

In the case of an infant, also, about six months old, to which I was called in consultation, the application of a few leeches was attended with the greatest benefit; indeed there was every reason to believe that the life of the little patient was saved by that remedy. When I was first called in to see the child, it was black in the face, and gasping for breath, the power of respiration, and also of deglutition, being almost entirely suspended: and such was the state of prostration to which it was reduced, that I had some difficulty in persuading the medical attendant to try the effect of leeches, lest the child should expire during their application. By stating, however, my opinion strongly that nothing else but taking away blood from the engorged vessels about the throat, by the application of leeches, afforded the slightest chance of recovery, it was agreed to, and two leeches were applied immediately, one on each side of the trachea: the laborious heavings and efforts which accompanied the respiration, occasioned the leeches to bleed profusely; the little patient was quickly relieved; it subsequently recovered, and is now a healthy child.

The fever and bronchial inflammation, or irritation, accompanying the influenza, having been reduced by leeches, mild aperients, James's powder, and nitrous and mucilaginous drinks, some diffusible stimuli became useful, and, perhaps, necessary; for in cases in which the patient had been kept long on the antiphlogistic plan of treatment, the disease sometimes put on a typhoid character. At this stage of the influenza the following mixture was found highly beneficial.

℞ *Almond and camphor mixture*, of each 3 ounces; *Tincture of hyosciamus, and spirit of nitrous æther*, of each 1 drachm; *Battley's sedative opium*, 20 drops; *Syrup of balsam of Tol.*, half a drachm. Two large spoonsful three or four times a day.

The above mixture generally afforded sufficient stimulation to obviate the typhus tendency, and, at the same time, relieved the distressing cough which, at this stage of the disease, often harassed the patient. Light broths might now be allowed, and where care was taken to prevent a relapse, the patients in general rapidly recovered.

In conclusion, the influenza of 1837 could not, abstractedly, be considered a very formidable disease, and patients, generally speaking, recovered from the severer symptoms in a very short time; relapses, however, were frequent, and when we consider how extensively the epidemic prevailed throughout the country, there is reason to fear that, as one of its many and complicated consequences, it has entailed upon the community an increased disposition to pulmonary diseases.

CASE IN WHICH AN

HYDATID CYST,

CONTAINING TEN OUNCES OF FLUID, OCCUPIED

THE LEFT HEMISPHERE OF THE BRAIN.

By C. R. BREE, *Esq. M.R.C.S., Stowmarket.*

History and Symptoms of the Case.—James P., æt. 15, a butcher's apprentice, of a full habit of body, came under my care in the month of April, 1835. He had been ill in London, for six weeks previously, under the treatment of a medical gentleman, by whom he was sent into the country. He appeared to have been placed under the influence of mercury.

When first he became my patient, he complained of a fixed and continued pain in the left temple, to which he constantly lifted his hand; the pupils of both eyes were dilated, and he could not clearly discern objects around him; his intellect was occasionally disturbed; his pulse was slow, and, at intervals, intermittent; the skin, more particularly about the head, was hot and dry; the bowels costive, and the tongue covered with a white fur.

I applied leeches to the left temple every other day for a fortnight, after which he was blistered frequently behind the ears, and on the nape of the neck, and purgative medicines, mercurial alteratives and salines, were freely exhibited. From this treatment, however, he derived no permanent benefit; in the course of a month he became perfectly blind, and successively lost the senses of taste and smell; convulsive motions of different parts of the body, more particularly of the face and extremities now came on several times in the course of the day, and voluntary motion was in a great measure lost.

In the month of August, his condition was the following:—

He laid in bed upon his back, from which position he could not rise without assistance; his sight was completely gone, and the pupils permanently dilated and insensible to the action of light, or other more powerful stimuli; the senses of smell and taste were partially regained; whilst that of hearing was morbidly acute. The pain in the temple was only felt occasionally, but it was then very severe; the breathing was thick and stertorous, and the eye-balls (more particularly the left) were continually in a tremulous, rotatory motion.

There was great difficulty in associating his ideas so as to produce a correct impression upon the will. When desired to pronounce my name, he said Mr., very well, and without hesitation, but he could proceed no further. When I asked him, when I had seen him last, he counted back to the day, but could not pronounce it;—thus, if it had been three days since I had seen him, he would repeat the numerals, and three would be his answer to my question, in which he was always correct. The convulsive motions of the body had, at this time, ceased; he seemed to understand every thing said to him, and, occasionally, laughed and appeared amused. The bowels were costive, and required the constant use of an emetic, or the exhibition of castor oil. His appetite was morbidly great; the pulse small, weak, and varied from 40 to 120; the tongue was white and furred; there was partial loss of power in the extremities, but the sense of touch remained intact.

With regard to treatment, little relief was obtained; after the inflammatory diathesis was subdued, I put him under the influence of mercury, and subsequently gave him Lugol's solution of iodine, which was the only part of the treatment that seemed to have any effect upon the disease, and this was only temporary; towards the close of the year all the symptoms became aggravated; he was hardly ever free from convulsions; he lost all inclination for food, and became much emaciated and perfectly paralytic. The fingers were permanently flexed, more particularly those of the right hand; the toes were in the same condition, and so firmly contracted upon the sole of the foot, as to produce a dislocation of the middle cuneiform bones; the left side of the body was drawn down so as to bring the ribs in contact with the crest of the ileum; consciousness and sensation gradually left him, and he died on the 19th of January, 1836.

Sectio Cadaveris, 15 hours after death.

With some difficulty, I obtained permission to examine the head, which I did with the assistance of my friend, Mr. Spencer Freeman.

Upon raising the calvarium and dissecting off the dura mater, the surface of the brain was found in a state of considerable venous congestion, more particularly on the left side; slicing off a portion of the left hemisphere, a gush of serous fluid immediately took place, which, upon further examination, was found to proceed from an enormous hydatid cyst, which occupied a cavity (formed by condensation of the substance of the brain) in the anterior and middle lobe of the cerebrum, and which contained, by admeasurement (allowing for that which was lost), upwards of ten ounces of clear limpid serum. The cyst was opaque and of a pearly white colour; it had no point of adhesion, or any visible connection with the substance of the brain; when removed from the cavity, the latter was found smooth, and, apparently, produced by a separation of the convolutions of the cerebrum. At its lower and inner surface there was a communication (evidently effected by the gradual encroachment of the enlarging cyst) with the left lateral ventricle, which, as well as the right, was

filled with fluid, and considerably dilated. Upon reflecting the corpus callosum, and exposing the ventricles, this dilated condition was better observed; the folds of the septum lucidum were also separated by fluid in the fifth ventricle.

There was slight *ramollissement* of the fornix and base of the lateral ventricles; the neurilemma covering the optic commissure was œdematous, but no abnormal appearance was discovered, either in the nerve itself, or, so far as it could be traced, along the *tractus opticus*. The thalami and corpora striata were condensed and flattened; there was fluid in the third and fourth ventricles, and at the base of the brain; the corpora olivaria appeared to bulge out more than is usually seen; in fact, throughout the whole brain the anatomical characters were beautifully and distinctly developed. I could not obtain permission to extend the examination.

Remarks.—This case, in a pathological point of view, is interesting, and, comparatively speaking, is one of rare occurrence. A somewhat analogous case is related by Dr. Abercrombie, in his excellent work on the pathology of the brain; but the cyst, in that case, arose out of the lateral ventricle; whereas, in the case above detailed, it evidently had its origin in the substance of the cerebrum.

The obscurity which surrounds the physiological character of the acephalocyst, and the singular manner in which they form in different parts of the system, even the most vital, renders the subject one well worthy the attention and investigation of the pathologist. In the instance just related it is hardly possible to believe with Laennec and others, that the morbid product possessed any inherent vitality; and yet, how are we to account for its gradual increase in size, when we find that it had no connection with the body in which it was found to exist? The previous history of the boy may throw some light upon the original cause of its production. Being removed from the country; a fine healthy boy; and bound apprentice to a butcher, it can easily be conceived that the additional quantity of animal food which would form his diet, would be likely to cause a plethoric condition of the system, and hence, a disposition to morbid formation. This being the case, we can easily believe with Andral, that, in the first instance, a small clot of blood was deposited in the brain; that the colouring matter became absorbed, but the fibrinous portion not being acted upon by the lymphatics, formed the nucleus of the future hydatid cyst; but here we have the same difficulty of accounting for its growth and development to the size of a large orange. And this, in my opinion, can only be done by assuming that the presence of the morbid product kept up a constant state of inflammation and consequent secretion of serum, and that the connection between the cyst and the vital action going on in the system was supported by simple imbibition.

I am not, however, inclined to indulge in speculations upon the subject, my desire being rather to record facts than to propagate theories.

Stowmarket, Sept. 25, 1837.

GUM-ELASTIC BOUGIE BROKEN IN THE BLADDER.

EXTRACTION PERFORMED BY MEANS OF A LITHOTRIPTIC INSTRUMENT.

At the last meeting of the *Royal Academy of Medicine*, Paris, M. Ségalas presented a fragment of a bougie, which he had just extracted from the male bladder. The following are a few details of this interesting fact.

M., 62 years of age, was in the habit of passing into his bladder a bougie of his own invention. This was composed of two portions, one larger than the other; the smaller portion was received into the larger, and the whole formed a kind of conical tube, in which the point of union of the two portions corresponded with the strictured part of the urethra. Things went on well for some time, but at length the smaller portion of the bougie gave way, and remained in the bladder. After a lapse of forty-eight hours, M. Ségalas was called in, and on sounding the bladder, experienced the sensation which is produced by the presence of a calculus.

The patient had never complained of any of the symptoms of stone; however, as the existence of a calculus was evident, M. Ségalas proceeded to break it up, and, after three sittings, the patient passed a quantity of calculous fragments. It now remained to ascertain what had become of the bit of bougie. The surgeon explored the bladder frequently, and with various instruments, but was unable to detect the foreign body. At last he conceived the idea of injecting a quantity of air and water into the bladder; the fragment of bougie immediately rose from the fundus of that organ, in which it had been concealed. M. Ségalas endeavoured to seize it with an instrument invented for the purpose, but failed; he then introduced his percussor, seized the foreign body, crushed it between the blades of the instrument, and finally succeeded in extracting it altogether. The patient was cured.

The fragment of bougie which M. Ségalas exhibited, was three inches long, and crusted over with an urinary deposit. The latter was whitish, whereas the fragment of the stone resembled, in colour, the oxide of

iron. The bougie had been doubled on itself, while being extracted.†

The above case is well calculated to prove the advantages to be derived from the invention of lithotrity. An operation of a similar nature has been lately performed by M. Civiale, and with equal success. The fragment of bougie was about two and a half inches in length, but having lain in the bladder for a considerable time, was covered with a thick calcareous crust.

M. Civiale removed a great portion of the crust with his three-branched instrument, and was fortunate enough to seize the extremity of the fragment between its blades. The bougie was then extracted with facility.

FOSSIL HUMAN SKULL.

Dr. Moultrie, of the Medical College of South Carolina, affords us the following description of the skull of the Guadaloupe fossil human skeleton.

These remains were brought from Guadaloupe, and placed in the museum of the Literary and Philosophical Society of South Carolina, in August, 1816. They consist of five fragments of different sizes. The largest is composed of portions of the temporal, parietal, frontal, sphenoidal, and inferior maxillary bones of the right side of the cranium. Saving part of the parietal, near the anterior superior angle, the fragment is externally incrusted with the rough calcareous matter in which it was imbedded, while its internal surface being smooth, enables us to trace upon it several important distinctive impressions. The temporal portion of this fragment consists of the whole squamous portion, the greater part of the petrous, and part of the mastoid. On the first appears the fossa for receiving the middle lobe of the brain, marked by the convolutions, and by the groove of the middle artery of the dura mater; on the second, the two surfaces, divided by the tentorial ridge, on the anterior of which is the hiatus of Fallopius, and the posterior the internal meatus, beyond which the bone is absolutely destroyed; and in the third the deep fossa of the lateral sinus. This portion of the bone also exhibits impressions of the convolutions of the brain; on the lower surface appears, in like manner, the jugular fossa. The parietal bone is defective at its superior posterior part; and the external incrustation is wanting as far down as the parietal protuberance. The bony surface is rendered smooth by the removal of the deposit, exactly where it lies in apposition with this surface. Its internal face shows the marks of the cerebral convolutions, and the arborescent arrangement of the artery. The diploic structure and tables of this bone are quite manifest. The frontal fragments are the external angle and a small part of the orbital (that part of it which is united with the apophysis of Ingrassius). There are faint traces of the coronal suture. The sphenoidal portion consists of a small part of the ala major, the cerebral surface of which alone is seen in the interstice formed by the temporal, frontal, and parietal divisions, composing the middle fossa. Towards the under side, imbedded within the calcareous crust, are two spots of cancellated appearance, which are probably the remains of the pterygoid process, and the alveolar edge of the superior maxillary bone which is in immediate contact with it.

The next in size is the occipital portion, the right half separated from the left by a vertical section. It is covered, externally, by the common crust, and is designated, internally, by the crucial ridge, part of the occipital foramen, the depressions of the lateral sinus, and the fossæ of the lobes. Near the outer side of the occipital foramen is the curved fossa of the lateral sinus. The diploic structure and tables are here, also, quite obvious. Next is the portion which may be taken for a parietal or a frontal fragment. Internally it wants the arborescent grooves usually found with parietal bones, and shows no traces of the fossa of the longitudinal sinus.

The next is the mental portion of the inferior maxilla. This is indicated by its thickness, curvilinear figure, and the character of the alveolar processes; by the triangular tubercle at the bottom of the symphysis in front, and the mental tubercle and lateral fossa of the right digastric muscle behind; besides that, the alveolar edge is sharp, the sockets, which are six in number, are single, and what is considered to be the base exhibits the usual close cellular conformation.

The last is a part of the superior posterior angle of the parietal; it is small, and needs no description.

These relics have been supposed to belong to an individual of the Carib race; this is a mistake. The antero posterior diameter is too short, the occipital region too flat, and the lateral and vertical developments too full, upon a reconstruction of the cranium, to justify such a supposition. The following are the admeasurements:—From the posterior edge of the occipital foramen to the concavity of the frontal bone, behind the frontal sinus, five inches; from the same point to the anterior superior angle of the parietal bone, four inches and eight-tenths; from the fossa of *Silvius* to the same point, four inches and a half; from the centre of the petrous ridge to the centre of the cerebellar fossa, or the

† Gaz. Med. de Paris, No. 38, 1837.

fossa of the posterior lobe of the cerebrum, two inches and one-tenth. Compared with the cranium of a Peruvian in the museum of the Medical College of South Carolina, the craniological similarity points to a national identity. There is in both the same coronal elevation, occipital compression, lateral protuberance, accompanied with the frontal depression, which marks the American variety in general.

This fossil is taken from the same kind of rock as that in which the fossil human skeleton in the British Museum was found, which latter is described by Mr. König, in the "Philosophical Transactions" for 1814, vol. 104.—*American Journal of Science and Art.*

REPORT OF THE *FIRST ANNIVERSARY MEETING* OF THE BRITISH MEDICAL ASSOCIATION,

Held in London, Sept. 30th, 1837.

The first anniversary meeting of this Association was held at the London Coffee-house, Ludgate-hill, on Saturday, the 30th ult.

Dr. Webster, President, in the chair.

The Chairman, on opening the business of the day, observed, that he had acted as president on many occasions, but never with more pleasure than at that moment. The first anniversary of any Association was always an important period in its history. He trusted that, during the ensuing year, the increase of their numbers would be as great as it had been during the past. The first business to be brought before the meeting, was the result of the ballot for the election of the council and officers of the Association. The worthy chairman then read the names of the gentlemen upon whom the choice had fallen.

Mr. Clarke then read the Report of the Council, of which the following is a brief abstract:—

The Council begged to offer their most heartfelt congratulations on the success of their undertaking. Earnest and energetic co-operation, however, was still required. It was now barely twelve months since, roused by the severe blow and discouragement to the honour and respectability of the medical profession by the Poor Law Amendment Act, and other disreputable proceedings, a few medical men in the metropolis determined upon an appeal to their brethren, in the hope that, by the united efforts of the whole body, such a spirit might be elicited as would induce the legislature to take the subject into its consideration, whereby the practice of medicine might be placed upon such a footing as would remove the ban and opprobium by which it was at present oppressed. The consequence was, the formation of the present Association, the Council of which had drawn up a code of laws for its governance. The law which excluded physicians and consulting surgeons from the Council had been abrogated. Much doubt prevailed as to the singleness of the intention of the Association; apprehension was felt that the members had only united themselves in order to oppose the constituted bodies. Such doubts and apprehensions, however, were wholly without foundation. After acknowledging that benefit had accrued to the profession from the enactments of 1815, the Report adverted to the grievances still existing, and insisted upon the necessity of instituting a Faculty of Medicine, to which all branches of the profession might look up for guidance and protection. It then gave a brief history of the proceedings of the Association since its formation, and, after stating the objects now under consideration, concluded by an eloquent appeal on behalf of the Benevolent Fund.

Mr. Crisp remarked that so much had been said in the very able and excellent report which had just been read, that it was needless for him to do more than simply move its adoption.

Mr. Evans, seconded the motion.

Mr. Bainbridge thought that there was one word in the report which might be amended. The Report said, "It was barely twelve months since, roused by the severe blow and discouragement to the honour and respectability of the medical profession by the Poor Law Amendment Act," &c. He proposed to render it, "by the administrators of the Poor Law Amendment Act." It appeared to him that there was nothing in the Poor Law Amendment Act itself, deserving of such an anathema as that contained in the Report. He believed that if the Poor Law Amendment Act were properly, and fairly, and justly administered by those appointed by Government to carry it into effect, there would be nothing deserving of censure so far as the medical profession was concerned. It was the mode of its administration that ought to be reprobated. The Act said nothing whatever regarding the unjust and oppressive system of contracts and tenders. That was a regulation emanating from the Commissioners. The injustice of placing in competition with an experienced and talented medical man an inexperienced young man who was, perhaps, quite incompetent to the discharge of the duties of his profession, must be self-evident. (*Hear, hear.*) That remark was especially applicable to those important cases which came under the notice of a medical man entrusted with the care of a large workhouse.

Mr. Howell had great pleasure in seconding the motion. He had always drawn a distinction between the Act itself and those who administered it.

Mr. E. Evans differed from Mr. Bainbridge in the views he had taken of the Poor Law Amendment Act. He thought that the Commissioners were only agents in carrying the Act into effect, and though he did not mean to say that they had acted with propriety, yet he wished the saddle to be placed on the right horse. The Act gave to the Commissioners the power of making by-laws, and he therefore considered the Poor Law Act itself as the source of the evils of which the profession had such just right to complain. He believed that there was as much blame to be attributed to the Boards of Guardians as to the Commissioners. Surgeons, too, ought to be censured for taking contracts which they knew they could not fulfil.

Mr. Bainbridge contended that the Commissioners and the Guardians had acted in direct defiance of the law. The 48th section directed that all officers appointed under the Act should be paid a salary; and by the 109th section medical men were constituted officers. A salary and a contract were very different things. There was nothing in the law which, by a fair construction, would sanction so unjust a principle as that of allowing appointments to be made by public tender.

The amendment was then put, and carried by a large majority, after which the Report was unanimously adopted.

The Chairman said that the next business was to bring forward a petition to be presented to Parliament for the institution of a national faculty of medicine.

The Secretary then read the following petition:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned, President and Members of the British Medical Association and others,

Sheweth,

That, in the opinion of your Petitioners, the present state of medical education and of medical government call for the the serious attention of your Honourable House.

That, although it is now generally admitted, and is the firm conviction of your Petitioners, that the various branches of medicine and surgery are one and indivisible, that they constitute but one science, yet there are in the United Kingdom not less than sixteen or seventeen colleges, faculties, or corporations, having the power of granting degrees or licences, or having *curricula* requiring different qualifications, and none having the power of conferring the right to practice in every part of the kingdom.

That this want of uniformity in the education of medical practitioners by the various universities and colleges creates jealousies and discontents among graduates and licentiates of those bodies, which are very injurious to the students, and, from an imperfect knowledge in the public mind of the principles of medical education, tend to bring the science of medicine into disrepute, by engendering a feeling that difference of education produces a corresponding difference in practice.

That, as regards medical government, your Petitioners consider the various corporations to be inadequate to the wants of the profession, and inconsistent with the spirit of the times.

That the Royal College of Physicians, instituted three centuries since, might, at that time, have been adapted to the wants of the public and of the profession, but that it is now inadequate to those purposes.

That the powers of the Royal College of Surgeons, although conferred at the commencement of the present century, are too limited to be of much utility.

That the powers granted by the Act of Parliament of 1815, to the Apothecaries' Company, are inconsistent with the privileges of the Universities and of the Royal Colleges; and that, by an extraordinary omission in the Act, chemists and druggists, to whom especially it ought to have applied, are exempted from its operation; whereby a class of men, ignorant of anatomy, surgery, and medicine, have assumed the right to prescribe and practise in all minor and even in dangerous ailments; hence much mischief has ensued to the lives and health of the community, particularly of the poorer classes, who cannot discriminate between the ignorant and the properly-qualified practitioner.

That your Petitioners, having associated themselves for the purposes of extending the education and acquirements, and of promoting the respectability, of the profession; and having duly considered the foregoing inconsistencies, anomalies, and grievances affecting it, are unanimously of opinion that the most efficient remedy for them would be the union of what are called the three branches of the profession into one faculty or national institution of medicine, presiding over and governing the whole body.

That they, therefore, humbly pray your Honourable House to be pleased to take this matter into deliberation, and that a Bill may be passed by your Honourable House, directing the union of the three branches of the profession into one faculty or national institution of medicine, all the members of which shall be educated and examined alike, and possess equal rights, privileges, and immunities; that they shall be called by the same name or title, but be allowed to practise either the whole or any part of the science of medicine.

That a *senatus* or governing body be elected at defined intervals by the whole of the members of the faculty, and that such *senatus* be

empowered to make and enforce the observance of such laws for the government of the members as it may, from time to time, deem meet; and that it may possess power to confer degrees and grant licences to practise in all parts of the United Kingdom.

That a register may be made of all persons now practising the science of medicine, and that from and after a certain day to be appointed by your Honourable House, no person whose name shall not be in such register, be permitted to practise, or call himself by the name or title to be applied to all recognised members of the faculty, under a severe penalty.

That the *senatus* may be empowered to add to such register the name of all persons who may be able to prove that they were legally qualified to practise before the passing of such Act, and to remove from it those of any persons who may be satisfactorily proved to have been placed in it without having first received a qualification from the Royal Colleges of Physicians or Surgeons, or the Company of Apothecaries, or who were not engaged in actual practice before the first day of August, 1815.

And that, as in duty bound, your Petitioners will ever pray.

Mr. HILLES, in moving the adoption of the petition, expressed a fear lest, from the short notice which he had, he should not be able to do justice to the various important topics which it embraced. As the present, however, was not a meeting of the public at large, but of the medical profession, it was unnecessary to enter minutely into every point. The profession were fully convinced of the frequent acts of injustice,—he could use no milder term—which had been inflicted upon them, especially during the last six or seven years, and yet, strange to say, no Act had been brought forward by the Legislature to redress their wrongs. It was true that a University had been appointed under the name of the London University, and it was not his wish, even if he could, to throw obstacles in its way; but it was not that which the profession required. They did not want an university merely to confer degrees, at the same time putting a little money into the pockets of those entrusted with its management; but they wanted an institution which would license to practise, and which would take all medical abuses into consideration, and remedy them. (*Hear, hear.*) He drew attention to that subject because the present was the time to put their shoulders to the wheel in order to produce, if possible, some modification in the arrangements of the University, by means of which it would be thrown open to the profession. Let the University be brought to maturity on the present plan, and it would then conflict as much with the interests of the profession as any of the existing corporate bodies. But let its principles be expanded, and then, perhaps, it would meet the general wishes of the profession. (*Hear, hear.*) That was not the only indignity under which the profession suffered. They were all aware of the regulations under the Poor Law Amendment Act. There could be no doubt that there was some imperfection in the Act itself. It was to him a matter of indifference whether blame was thrown on the Commissioners or not. There must be an imperfection in an Act which exposed a number of honourable men and an honourable profession to the caprice of any Commissioners. The contract system had already received so much attention that it was unnecessary to dwell upon it. In the nineteenth century, the boasted era of the march of intellect, they saw the profession submitted to "contract"; and all that was necessary to its entire destruction was to submit it to the auctioneer's hammer—(*a laugh*)—when it would be knocked down altogether. (*Renewed laughter and applause.*) He could fancy reading an advertisement by Mr. George Robins, describing, in glowing terms, the advantages to be derived from professional attendance on a number of paupers. (*Cheers.*) Mr. Robins would no doubt expatiate upon the beauty of the workhouse, its superior accommodations, and the grandeur of the scenery around it. (*Laughter and applause.*) He hoped, however, that such would not be the case. There were some who vindicated the contract system on the ground that if there were professional men who would embrace it the system was justifiable. But that he contended was an erroneous principle; the profession must be supported by the legislature, otherwise it would degenerate into a mere trade. If the principle were correct, why not submit the legal and clerical professions to contract? They might then all become bishops and archbishops, and their honourable chairman, instead of presiding over a meeting like the present, might be placed on the Bench. (*Laughter and cheers.*) Surely the medical profession deserved protection as well as the others. It would be easy to trace out the reasons why that protection was not enjoyed, but that was a political rather than a medical subject. The petition contained allusions to the Colleges of Physicians and Surgeons and the Apothecary's Company. He considered that those corporations only tended to divide the profession. They had separated their own members into different grades, by making some Licentiates and others Fellows, thus giving rise to great abuses. Some persons contended that it was productive of no harm to the profession; but he would mention, on good authority, an instance where that was the case. A conversation took place between Lord Melbourne and a Fellow of the College of Physicians, which turned

on the medical profession. Lord Melbourne observed, that when he was ill and required the aid of a medical man, he never inquired whether he was a licentiate or a fellow; but if his lordship had investigated the subject, he would have found that there were certain offices which were only given to certain persons. (*Hear, hear.*) Such a division did not correspond with the wishes of the profession at large. Another grievance under which the profession laboured, was the want of a properly constituted body to which to appeal. A case was mentioned at the last meeting, in which a practitioner had been dragged into a court of justice, and subjected to considerable expense, for alleged malpractice, the only object being to extort money from him. He succeeded in clearly exculpating himself, but was, notwithstanding, several pounds out of pocket. There ought to be a properly constituted body, to whom such cases should be submitted. Chemists and druggists were allowed to practise both surgery and medicine, to the great injury of the profession, and the great danger of the public. He had lately met with an instance, where several lives were thus put in jeopardy, and more than one individual sacrificed. He had much pleasure in moving the adoption of the petition. (*Applause.*)

Mr. HOWELL, in seconding the motion, dwelt upon the necessity of the members of the profession exerting themselves to get rid of the grievances under which they suffered. This Association had been struggling to effect all the benefit in its power, and it had succeeded to a certain extent; but the profession must come forward generally, if they expected extensive and permanent advantage. With regard to the proposed London University, it appeared to him, that while the Colleges of Physicians and Surgeons, and the Apothecaries' Company, were allowed to pursue their present plans, it would be but of little service. The first proceeding of the Government ought to be, the taking away of the privileges of those bodies; for if a university were established, possessing the same powers as those bodies, there were but few who would submit to their examinations. It was absurd to distinguish medical men by the different names of physicians, surgeons, and apothecaries. They were all essentially the same, so far as the interests of human nature were concerned. When an individual was sick he consulted his medical man, and concluded, what was really a fact, that he embodied in himself those three characters. If the case were properly laid before the Legislature, and insisted upon, he thought that the Government would consent to the plan now proposed. He could not sit down without thanking those gentlemen who drew up the petition. In his judgment it was one of the best petitions he had ever heard read.

The CHAIRMAN observed, in reference to what had fallen from Mr. Hilles, regarding the London University, that if it had not the power to license to practise it would be a useless body. Let it have that power, and there would be no fear of gentlemen going to the present incorporated bodies.

Mr. HOOPER said, that the public were great sufferers from the number of ignorant persons who were practising and destroying lives every day. Every man having a large practice in London, must be aware that chemists were continually prescribing for the poor. The disease was thus allowed to creep insidiously on, till the parties, no longer able to go to the shop, sent for the chemist to visit them. The chemist replied that the law did not allow him to go out, that they must send for a surgeon; the surgeon was called in just before death, and then had the credit of killing the patient. (*Hear, hear.*) A great many who were only studying the profession, not in practice, had establishments, which they visited daily and hourly. The Apothecaries' Company were jealous enough of a man, however well educated, who was practising in virtue of a degree from a Scotch University. If they could find such a man, they pounced upon him, and brought an action against him—(*hear, hear*)—but of prescribing chemists, who were entirely ignorant of medicine, they took no notice, because they were not considered worth powder and shot. He was sure that thousands of individuals were sacrificed in London, from ignorant people being allowed to practise. (*Hear, hear.*) He was lately called upon to see a woman who was nearly suffocated. On arriving at the house he found two chemists attending her. They had given her a gargle, from which the mouth and fauces had become so swollen that she could scarcely breathe. They quietly backed out of the case, and the whole responsibility consequently devolved upon him. Had she died, he would probably have had the credit of killing her. (*Hear, hear.*)

Dr. HARRISON was glad to find that the meeting had come to the determination of having but one Faculty. He hoped that there would be a perfect union of all ranks and denominations in the profession. In carrying out this object, however, they would meet with many difficulties. He took up the same ground fifty years ago, and therefore was no stranger to the difficulties. But since that time the College of Physicians had, he believed, got into decrepitude; the College of Surgeons was better understood; and the Apothecaries' Company had lost many of its friends. (*Hear, hear.*) Perhaps the meeting was not aware,

that formerly the College of Physicians was one faculty, and the reform of the profession, therefore, now sought, was merely that of bringing it back to its original constitution. The College of Physicians was instituted just at the revival of learning. Linnere, its founder, was an able, upright man. Physicians then practised physic, surgery, and midwifery, and continued to do so for 200 years. The celebrated Harvey practised the three branches, and he could not conceive why the College of Physicians should be so stupid as not to carry out the same principle at the present day. Dr. King performed the office of bleeding for Charles the Second, and the historian described him as an able physician and an expert surgeon. The Association had great exertions before it, and he hoped that it would not faint. He should be as happy to render it assistance as when he first entered life. (*Cheers.*) He heartily wished it success. (*Applause.*)

The resolution was then carried unanimously.

Mr. Howell brought up the report of the auditors, from which it appeared that there was a small balance in the treasurer's hands for general purposes. The Association had been able to find a little money towards the formation of a benevolent fund.

Mr. Crisp brought up two reports from the Poor Law committee appointed by the Association. In the first, the committee regretted that they had not been able to procure much information from their professional brethren. Sufficient evidence, however, had been obtained to show that the medical relief afforded to the sick poor was, in the majority of cases, inefficient in consequence of the distance of the parochial surgeon, and the very small amount of his remuneration. As a proof of this, the two following cases, furnished by the members of the committee, were cited:—

"Mr. Wagstaffe, parochial surgeon to one district of St. Mary's, Lambeth, containing a population of 36,000, the total population of the parish being 110,000, receives 105*l.* per annum, which sum includes operations, midwifery, leeches, bandages, surgical instruments, &c. &c. During last year he saw 6,620 cases of illness, made 20,000 visits, sent 16,000 mixtures, 12,000 powders, and 30,000 pills." (*Loud laughter, and cheers.*)

"Mr. Clarke is parochial surgeon to St. Olave's Union, with a salary of 90*l.* per annum, including extras. The Union consists of three parishes, for one of which he received 90*l.* before the new Act came into operation. During the last twelve months he has seen 2,000 cases; 564 in the poor-house, and 1,436 out. The appointment was obtained by tender."

The following table is abbreviated from the valuable and laborious Report of the Provincial Medical and Surgical Association:—

	No. of Parishes in the Union.	No. of Medical men at present.	No. of Parochial Surgeons before the new Act.
Aylesbury Union ..	40	3	16
Eton	19	3	7
Hambledon	16	1	7
Newbury	18	1	12
Reading	3	1	3
C. Ongar	40	4	10
C. Windsor	5	1	4
Witney	12	1	8
C. Stow	31	3	8
Banbury	51	4	11
C. Woodbridge	46	4	11
Shipston-upon-Stour	30	1	10
	311	27	107

From the same report it appeared, that in seven parishes the salaries of the parochial surgeons had been reduced from 2,405*l.* per annum to 1,362*l.* per annum.

In conclusion, the report deplored the apathy and want of union existing amongst the generality of medical practitioners.

The second report of the committee stated that the grievances complained of had not been redressed. It stated the chief of the evils to be:—First, The system of contract by tender, which was altogether unworthy of a liberal profession. Secondly, The extent of the Unions, the size of the districts, and the small number of medical officers, rendering it impossible that efficient attendance could be given to the sick poor, particularly in acute diseases. Thirdly, In most if not in all cases, the very inadequate amount of remuneration allowed to the medical attendant; so that if he endeavoured to act conscientiously to the poor, he was obliged to be unjust to himself. Fourthly, That in consequence of the above-mentioned circumstances, a new evil had sprung up which had acted very injuriously to the poor, many of the most experienced members of the profession having declined to offer their services, whilst the young and inexperienced had been placed in situations of the most fearful responsibility. Fifthly, The medical clubs, promoted and recommended by the Poor Law Commissioners, the committee considered unlikely, in any respect, to benefit the poor, and they also believed that the system, if generally adopted, would be adverse to the welfare of the profession at large.

Mr. Brady, in moving the adoption of the reports, said that the profession was placed in an unfortunate situation, from the Poor

Law Commissioners having so much power over a body which ought to be all-powerful in itself. The disunion in the profession enabled the Commissioners to place it lower than any other class. If they searched the community through, they would not find any body of men working for such low wages as medical men were receiving at the present time. He begged to read a few extracts, taken from the Report of the Commissioners:—Mr. Earles, in his report, observed, that the guardians had succeeded in obtaining, in the Peterborough Union, contracts upon the per-case principle, and the terms were very moderate. In Peterborough and its hamlets, scattered over 400 or 500 acres, the payment was 3s. per case for long or short attendance. Let the meeting look seriously at that statement, and then reflect upon the indifference manifested by the profession at large. Those medical men to whom the report referred might have to attend cases which would last three months. What must be the effect on the condition of the patient? The man must be neglected, or the medical attendant must give up his time either to the wishes of the Poor Law Commissioners, or as a philanthropist to the public. (*Hear, hear.*) Had not the profession always been forward in acts of philanthropy? Why, in the Poor Law Amendment Act, should there be attempts to lower the profession still more in the scale of society? Ought there not, then, to be a combination against the fearful advantages which were sought to be taken of it? (*Applause.*) The same commissioner went on to state, that, in a pecuniary point of view, the advantages were still more apparent. The expense of medical relief for 21,000 persons did not exceed 150*l.* per annum; whereas, under the old system, for Peterborough alone, it used to be 80*l.*; seventeen parishes had been thrown into one, and for one of which 80*l.* per annum were formerly paid. At Leamington the report said, that before the self-supporting dispensaries were established, the annual expense of the care of the sick poor was 45*l.* per annum, while in the three succeeding years it had stood at 21*l.* 4*s.*, 9*l.* 7*s.*, and, lastly, at the munificent amount of 1*l.* 17*s.* per annum. (*Great laughter.*) In the parish of Thame the subscribers had the privilege of choosing their medical attendant, and being attended to for one year, at the rate of 4*d.* per month; and from the report of Mr. Assistant-Commissioner Powell, they learned, that in the Witham Union, containing seventeen parishes, the amount of medical remuneration was 15*l.* 9*s.* 6*d.* for one quarter; that was something short of 1*l.* per parish. The same authority recommended the Board of Guardians by all means to fix the rate of subscription themselves in the first instance, and advertise the contract for the competition of candidates on specific terms. Should that mode fail of its object, resort might be had to the system of contract by open tender. It was suggested that in no case, in no locality, the terms of annual subscription ought to exceed the rates respectively fixed in the following scale:—The guardians, be it remembered, were not to depart from that scale except under peculiar circumstances. For an individual maintaining himself, or herself, 3*s.* per annum; for a man and wife, 4*s.* per annum; for children from the time of cutting their teeth up to 16 years of age, 6*d.* per annum. (*Loud laughter.*) He was sure that the meeting would scarcely believe that these were facts, did they not appear in the report of the commissioners themselves. Then came the terms of the contract, which were very close and binding on medical men. "That the surgeon shall duly and faithfully perform the duties of medical officer of the said Union, supply all medicines, and all medical and surgical appliances whatsoever." In Hertford the medical men rejected the terms, and the commissioners sent another person to undertake the duties. Did not that anomalous and degrading state reflect severely on the profession themselves. (*Hear, hear.*) If it were not for the unhappy disunion which had so long prevailed, they would not have to complain of the commissioners dictating such dishonourable terms. The profession ought to stand in an attitude which would enable them to dictate terms to the commissioners. The objects of this Association were to cultivate good feeling, to sow the seeds of harmony, and if they could succeed in gaining them, they would then be enabled to guard themselves from dishonourable conduct, both from without and within. (*Applause.*)

Dr. HARRISON said, that when he first went to reside in Lincolnshire, he could scarcely bring two medical men together. He succeeded, however, in establishing a benevolent fund, which ultimately pervaded the whole county, and they then discovered that they were not the terrible animals which they had supposed. (*A laugh.*) There would, however, be great difficulty in establishing union. He had spoken to a gentleman at Aylesbury, a man of fortune, who was both a clergyman and a magistrate, on the way in which the profession was treated by the Commissioners. That gentleman remarked, that he thought the system of competition was quite justifiable. When gentlemen could entertain such sentiments he thought the profession were bound to look to themselves. Dr. Chapsworth had collected the profession together in Lincoln, and they determined not to accede to the terms of the commissioners. The latter then advertised, and a Scotchman came from the other side of the Tweed, and accepted their terms. Union in that case had brought a fresh competitor into the field. It really

appeared that there was no way of raising the profession. He had great pleasure in seconding the motion.

The resolution was then put and agreed to.

Mr. CRISP then read the following petition :—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

The humble petition of the undersigned members of the British Medical Association,

Sheweth,

That your petitioners have deeply to regret the continuance of the many grievances resulting from the administration of the Poor Law Amendment Act, which have been so frequently and loudly complained of by the great majority of their professional brethren. The chief of these are the system of contract by tender; the inadequate remuneration, and the small number of medical officers, compared with the great extent of the Unions and districts; the establishment of medical clubs; the selection, in many cases, of young and inexperienced practitioners, &c., &c. That your petitioners are fully persuaded that the above-mentioned evils are highly injurious to the sick poor, unjust to the medical profession, and adverse to the public health.

As the most likely means of effecting a just and equitable arrangement of this important question, your petitioners would respectfully suggest the establishment of a Medical Board (elected by the profession) to act in concert with the Poor Law Commissioners, so as to superintend and regulate the duties and emoluments of parochial surgeons.

That your petitioners in the mean time pray that your Honourable House will be pleased to institute a full and searching inquiry into the alleged evils; and that you will order a return of all appointments, number of medical officers, amount of salaries, extent of districts, &c., before and since the introduction of the Poor Law Amendment Act, and that your Honourable House will be pleased to adopt such measures as you may consider most conducive to the public good and the benefit of the medical profession.

And your petitioners will ever pray.

Dr. GRANVILLE, in proposing the adoption of the petition, said, that it was impossible to deny the necessity of applying to Parliament for the appointment of a Medical Board, which should instruct the commissioners on points of which they were ignorant.

Mr. BAINBRIDGE seconded the resolution, which was carried unanimously.

Mr. EALES brought forward the following subject, as one of some importance. The medical men of Leeds had resolved on adopting a course which he had previously intended to recommend to that meeting, respecting the payment of medical men when called upon by Life Assurance Offices to give certificates of health. He had drawn up resolutions on the subject, to the effect, first, that the present practice of those offices was "unjust, and ought to be abolished;" secondly, "that the gentlemen present pledge themselves individually to oppose this practice by returning, without answers," all applications to them from insurance companies, unless accompanied "by a suitable fee;" thirdly, that public notice of this intention be given by the Committee.

Dr. MARSHALL HALL seconded the resolution, and mentioned a case in which he refused to send a certificate without a fee. He ultimately received a fee from each party.

Mr. HOOPER had always refused to sign certificates without a fee. Lawyers were always paid for communicating information, and why should not medical men?

Dr. HARRISON believed that medical men, giving their opinion gratuitously, were liable, if a law-suit was afterwards instituted, to be called upon to give evidence in Court without receiving more than the actual expenses of their journey. But if they demanded a fee in the first instance, they could also claim remuneration for loss of time. He once gave a gentleman fourteen certificates for different assurance offices, and although he was a man of immense landed property, he never sent him (Dr. H.) even a brace of partridges.

Dr. GRANVILLE thought it should be borne in mind that all assurance offices had medical men connected with them, to whom they paid a large salary, and who scrutinised the cases. But the parties themselves being anxious to show that their health was good, were often induced to give the name of their medical attendant, with the view of obtaining his sanction. If a patient whom they were in the habit of seeing made application to them, how could they refuse, even though they did not receive a fee? Some of the older offices cared so little about losing a few insurers, that they would rather do it than pay a fee.

Mr. EALES said, that if the profession were unanimous in refusing certificates without a fee, it would be impossible for the offices to carry on their business unless they paid it.

The CHAIRMAN thought that the office ought to pay the fee. He had not, however, ever received such a fee himself. The *Britannia*, a new office, made it a rule that a fee should be given. (*Applause.*)

Dr. GRANVILLE thought that the publication of the present proceedings would cause the fee to be paid.

The resolutions were then agreed to.

Mr. BAINBRIDGE said, that hitherto no public notice had been taken by any medical institution of the labours of Mr. Wakley, in carrying through both houses of the Legislature the important Bill for remunerating medical witnesses at coroners' courts—(*hear, hear*)—though it was due to that gentleman, on this occasion, that some reference should be made to the measure. Perhaps no single statute, directly affecting the medical profession, had been of so much importance to it. (*Hear, hear.*) Taking the country throughout, many thousands of pounds per annum would be received by the medical profession through the operation of that enactment. He had himself received a great number of fees under it. Few persons knew the anxiety attendant on carrying a measure through the Legislature. He believed that Mr. Wakley had laboured night and day in effecting the object to which he alluded, and he thought that the present meeting was called upon to move a vote of thanks to Mr. Wakley, for his exertions on the subject.

Mr. E. EVANS seconded the resolution.

The CHAIRMAN believed that the Bill was now perfect. A statute had recently been enacted, which completed its value. Formerly, payment was referred to the local authorities, and its enforcement might have proved expensive if resisted. Mr. Wakley, however, had obtained the insertion of a clause in the Coroner's Bill, making it imperative on the coroner to pay the fee, either before or immediately after the medical witness had given his evidence. This was a time well suited for passing a vote of thanks to Mr. Wakley.

The resolution was then carried by acclamation.

Mr. WHITMORE thought that Mr. Wakley ought to be apprised of the fact that medical men were not now called upon to give evidence at inquests once, where they were formerly summoned fifty times.*

Votes of thanks were then successively passed to the Chairman and Council, and the meeting terminated.

THE DINNER.

The great majority of the gentlemen present then adjourned to the large room, and partook of an excellent dinner, Dr. WEBSTER again presiding.

The cloth having been removed, the "Queen," and the usual loyal toasts were drunk.

The CHAIRMAN then rose and said, that, as lovers of our profession, and well-wishers of the noble science in which they were engaged, "Prosperity to the British Medical Association," demanded priority in the list of the professional toasts. (*Loud applause.*) As was this day (the Chairman continued) announced in the Report of our Council, we are going on most prosperously, and increasing in number at every meeting. I consider it as a most important step to have thus organised ourselves in eight or nine months,—for I only date the Institution as having been organised since January last,—and to have rallied around us such a numerous and intellectual assembly as I now see before me. (*Cheers.*) At the same time I feel assured, that as our objects become known, we shall increase in numbers, in strength, and in estimation. And here some explanation may not be irrelevant respecting the constitution of your Association. It owes its origin to accident rather than design. The injuries and indignities which the Poor Law Amendment Act had heaped on the profession, and which, I regret to say, increase rather than diminish, drew together many general practitioners; and, in considering how these grievances could be remedied, others presented themselves, which it was evident that union and resolution were essential to remove. It was therefore resolved to form an Association of General Practitioners, as one section of the profession, leaving it to the other departments to pursue their own plans, or to follow our example. But this gave origin to misunderstandings, which we had no idea of creating, and I fear that not a few wilful misstatements were made as to our objects. We were represented as wishing to overturn all order and distinctions in the profession; but so far from this being our object, our earnest wish is to establish order, method, simplicity, and good government, out of the confusion which at present prevails in our ranks, and in the laws which govern the profession. We were said to be exclusive, and to intend not to meet physicians and surgeons in consultation, with other such ridiculous charges. Having no such foolish views in prospect, but each possessing the *mens conscia recti*, we enlarged our plan, and opened the Association to every legally qualified member of the profession; and we have since proposed a corresponding alteration in the election of the Council. Our objects are union and harmony in the profession, and we wish to draw into one focus all its liberal members, whether physicians, surgeons, or general practitioners. (*Cheers.*) It is true, that we shall not attract members by a false *eclat* at our meetings. We publish no "Transactions," and we have not yet taken up scientific questions, because most, if not all, of us already belong to societies where that is done; but we consider that, by reforming our governing

* If Mr. WHITMORE will refer to page 490 of the volume of THE LANCET which has just been completed, he will there find Mr. WAKLEY's opinion on the proper remedy for this neglect on the part of the coroner.

institutions, we are laying the very best foundations for the advancement of medical science. (*Cheers.*) This Association was not founded merely to create a holiday, or to eat a dinner. No; its objects are of a more useful nature, though recreation is essential to all men, and a good English dinner serves very well to bring friends together. We wish to see our profession regenerated,—to have its interests placed on a firm and liberal basis,—to increase its respectability; its honour in public estimation; and its utility to our fellow creatures. Why have we not long since attained these objects? Why are we so far behind the other professions in public regard? Why are we respected as individuals, but neglected as a body? It is because there has hitherto been no union among us, no unity of purpose. (*Hear, hear.*) We have resembled a rope of sand, which can be broken by every wind that blows, whether from Pall Mall East, or Lincolns'-Inn Fields, Blackfriars, or Somerset House. (*Loud applause.*) These may be considered as the cardinal points from whence come the winds that chiefly affect us at present, disunited as we are. But why has there been such a lamentable want of union among us? One cause I consider has been the root of all the evil. We have legally nothing whatever to do with the management of our own affairs. We have no voice in framing our laws, or in electing our rulers. We are, in fact, in a debased and degraded state in this respect, and few have, until lately, felt interested in that from which it has been the policy of both the Colleges to exclude nearly the entire profession. The College of Physicians permits only the Fellows to legislate, whereby three-fourths of the practising physicians in London are shut out from all share in the government of their own college. This is bad enough for a scientific body, in times when the members of every petty trading corporation elect their own rulers. But this is liberality personified, in comparison with the laws of the College of Surgeons, by which twenty-one self-elected Councillors assume to themselves the right to legislate for 10,000 or 12,000 members, who have contributed largely to its revenues, without having the slightest control in its government, or over its funds. (*Applause.*) With the laws of the Apothecaries' Company as a trading body we have no concern, but as a body which administers the Act of 1815, we have unfortunately too much to do. On a former occasion I said that they were unfit to be entrusted with legal powers over the profession. I speak not of them individually, but as a body, and I also said that they had shown much greater alacrity in prosecuting graduates and members of the colleges than the ignorant and incompetent. (*Hear, hear.*) I award to the "Company" the credit of good intentions, and I allow that the Act has done good by subjecting one class of practitioners to examination; but it has increased tenfold the evil that it was meant to suppress, by creating shoals of prescribing, practising, and visiting chemists, who are wholly ignorant of medicine. This state of things is unparalleled in any other civilised country. Indeed, so long as graduates of medicine, members of colleges, and medical students are compelled to be examined and licensed by a trading Company, the impress of trade will be stamped on their foreheads. But I trust that we are near the termination of all this. Circumstances are daily coming to light and notoriety, in proof that none but a responsible scientific body should be entrusted with the fearful powers possessed by the Apothecaries' Company. However, I leave the worshipful Examiners in the hands of the talented physician who has lately been prescribing for them, Dr. Elliotson—(*great applause*)—and to the tender mercies of the medical press, and the retributive effect of their own deeds. (*Much applause.*) It is very painful to perceive not only a want of union in the profession, but that the medical corporations themselves act as antagonising forces, each having its own separate interests to promote, while they all neglect those of the great body of the profession. The monopolists regard their legal privileges only as hereditary stepping-stones to personal fortune, and the means of family advancement —(*applause*)—prostituting science to private purposes, even to the extent, in some of our Universities, of creating professional chairs for particular individuals, whether worthy to fill them or not, because they are needy men, allowing, also, the purchase and sale of professorships, like oxen in a market-place, while examiners have been retained at certain of the colleges merely that they might receive an annuity, though confessedly unfit to perform their duties. We must deeply lament such narrow and short-sighted policy; narrow, because selfishly seeking the welfare of their own corporations,—short-sighted, because laying the foundation of their own decay. (*Cheers.*) Such institutions may require some allowances on their behalf, for they may have been adapted to the times in which they were created, and have since acquired sacredness in the eyes of their guardians, who may abhor changes in them which are calculated to suit the intelligence of the present day. But, for ourselves, we would propose remedies for their decrepitude, and, by uniting the present heterogenous materials of our profession, raise a structure which is calculated to last for ages. With this view we propose the establishment of a NATIONAL FACULTY OF MEDICINE—(*much applause*)—to be elected by the legally qualified practitioners of the empire,—for convenience, a TRIPARTITE FACULTY,—that is, one for each of the three great capitals of England, Ire-

land, and Scotland, their objects, their laws, and their regulations, being in every respect the same, and the ruling body being re-elected periodically by the profession. Such a body would readily listen to all well-founded complaints of the profession; and their suggestions and remedies would be applied by it as circumstances might require. (*Cheers.*) I will not now enter into further details upon this point. From the National Faculty, a National Board of Health might be appointed, to constitute a Medical Police of the country, and regulate many matters which are now neglected, or very imperfectly attended to. The public health would embrace several heads; medical attendance on the poor; coroner's inquests; the quarantine laws; inquiries into epidemics; the abatement of nuisances; the investigation of certain accidents; the sale of poisons and quack medicines; medical evidence in trials for murder; the regulation of hospitals; medical education; mad-houses; prisons; public museums and libraries connected with medicine; chemists and druggists; the registration of births and deaths; the institution of a benevolent or pension fund; and many other matters which would necessarily be brought before the profession through their representatives in the Faculty. But we need not at present discuss these various subjects, but should strenuously turn our attention to that single remedy which will, in time, cut them off; the attainment of ONE FACULTY, which all can understand and join in soliciting from Parliament. (*Loud cheers.*) Petitions should be sent from all parts of the empire praying for this. If we ask for many things at once, we shall not obtain them all, and we shall distract the senators by the variety. I have said, that the establishment of ONE FACULTY will supersede all our evils, at least all the minor ones; but I would except the all-important poor-law question, because it affects the lives of tens of thousands of suffering pauper fellow-creatures. This must be made a separate question, respecting which we cannot do better than to unite our efforts with those of the Provincial Medical Association, which was first in the field; medical men in the country having suffered first and most from the operation of the new law. Though the British and the Provincial Associations are different in their general objects and constitution, yet, on the Poor-law medical clauses, there can be but one opinion among humane men. (*Cheers.*) From the Poor Law Committee of the Provincial Association have emanated two Reports, containing a mass of information which must be referred to as the best that is extant on this subject. We are this day favoured with the company of one of the gentleman who was most active in collecting this evidence, and drawing up the reports to which I allude; I mean Mr. Ceely, of Aylesbury, and but for particular engagements we should also have had that of his intelligent coadjutor, Mr. Rumsey. (*Cheers.*) In conclusion, allow me to say a word in recommendation of our Benevolent Fund. Too many of the members of the profession require aid; too many orphans of medical men are unprovided for; too many widows of professional men are left destitute. After the eloquent appeal in the behalf of this fund, in the Report of the Council, I need only say that subscriptions will be thankfully received by our Secretary from any gentleman who may be disposed to assist it. I have great pleasure in proposing "Prosperity to the British Medical Association." (*Loud cheering.*)

The CHAIRMAN, in proposing the next toast, "The periodical Medical Press," said, I feel, in proposing this toast, that I am indeed incompetent to do justice to the subject. All that we have, or may possess, of medical reform, is mainly owing to the periodical medical press. (*Cheers.*) I do not mean that medical reform will be attained without exertion, aye, and vigorous, active, persevering exertion, on our own parts. But I am quite sure that we must not allow the press to work alone. We must aid its efforts—looking to the press as the great medium of communication between reformers in distant parts of the kingdom, and in distant regions of the globe, and as the means of collecting and concentrating information which we could never otherwise obtain. A retrospective glance will at once convince us of the value of the weekly and quarterly medical press to the liberal cause. Less than 20 years since, the reform of abuses in our medical institutions was not even dreamt of, far less contemplated. Fifteen years back the first weekly medical journal was started, THE LANCET—(*applause*),—and several others have followed its appearance. I need not trace, step by step, the progress and advantages of the independent medical press, as most of the gentlemen who are present must be fully cognisant of them. But what a change has taken place in public opinion on many questions which it has discussed! What abuses have been exposed and remedied by it! What improvements have been accomplished by its efforts! What excellent measures suggested! I do not hesitate to declare my conviction, that to the independent portion of the medical press we owe the origin, the existence, aye, and we shall owe the success, of medical reform. (*Loud applause.*) But not only as an engine of reform do we owe to it a debt of gratitude, but the medical periodical press must be looked upon as a vast storehouse of important facts. Single ideas, isolated cases, minor discoveries, might not appear to their authors to be sufficiently important to form separate publications, and would, probably, be wholly lost to science

but for the periodical journals which have been the instruments, within the last few years, of producing a rapid advance in medicine by the diffusion of information. I can readily appreciate the laborious and anxious duties of the gentlemen who are connected with the medical periodical press,—the knowledge, the various information, and the discernment which is necessary to distinguish truth from error; the talents, the unwearied industry, the highly-intellectual gifts which are requisite in the conductors of the medical journals. It delights me to add, that the whole medical press of the kingdom is on our side, on the side of justice and liberality in the profession (*loud applause*), with the exception of a homœopathic fraction of it which is unworthy to be mentioned. I am proud to think that we number among our members all the known editors of those journals in the metropolis,—all the editors who are not ashamed to declare their names. (*Renewed cheers.*) With great pleasure I give you as a toast "The English periodical medical press." We have not the presence of those gentlemen amongst them whom we anticipated, excepting Dr. RYAN, whose name, therefore, I may mention on this occasion. (The toast having been drank with great applause),

Dr. RYAN regretted that his colleagues of the press were absent. He agreed with their worthy Chairman, that had it not been for that press, the question of medical reform would not have been in its present attitude. This Association he had, from its commencement, taken deep interest in. The medical was the worst treated of any profession in the country, whether the oppressors were the Colleges of Physicians or Surgeons, the Apothecaries' Company, or the Poor Law Commissioners. Mr. Wakley, both in his literary character and in the House of Commons, the able advocate of medical reform, Dr. Johnson, Mr. Farr, and others, he was quite sure, would seek to promote the welfare of the institution. (*Cheers.*)

The CHAIRMAN proposed as the next toast, "The Professors and Teachers of Medical Science." The company were favoured with the presence of Professor Grant, Dr. Marshall Hall, Mr. Wilson, Dr. Granville, Dr. Ryan, Mr. Hillies, Mr. Grainger, and many other able professors. (*Drunk with applause.*)

Professor GRANT rose, and said, I think that it is an unfortunate accident which has devolved upon me the duty of returning thanks, because, perhaps, of all the teachers who are connected with this valuable Association, and who are, at the same time, medical men, I alone, though a member of the profession, am neither a teacher nor a professor of *medicine*. But I hope that the humble department of science which is intrusted to my care will, ultimately, become a branch of medical education. (*Loud applause.*) I rejoice to hear this anticipation welcomely received by so large and influential a meeting. Although I sit in a corner, unobserved, and uninfluenced by those dissensions, maladies to which you have referred, as affecting the profession at large, I am not indifferent to what is passing around me. The divisions among my medical brethren unquestionably originate in a quality of human nature. We envy not the success of the lawyer, or of the divine, and but for those invidious distinctions, which have been established, during a considerable period of time, amongst medical men, we should not have imbibed, as we have done, almost from infancy, those feelings which have occasioned all the dissensions which are prevalent amongst us. (*Hear, hear.*) Medical men, having the same object in view—the alleviation of human suffering—trained in the same institutions, and the same departments of knowledge, have no sooner finished the happy period of education, than they begin to oppose each other, too often with rancour, and continue their enmities through the rest of life. The dearest companions of youth often become, in after life, the most inveterate of foes, simply in consequence of the example of those invidious distinctions which they have seen fostered in our public institutions. (*Hear, hear.*) The period is advancing, perhaps more rapidly than we anticipate, when our unity will be established. A new body has been organised, under the sanction of Government, which is intended to constitute the germ of an university in London; and if that institution conduct its affairs well, it may exert a most important influence on the future welfare of the profession. Being independent of the Colleges of Physicians and Surgeons, and the Apothecaries' Company, it may act with such judgment and temper as may induce the Government to sanction the principles of medical reform to their fullest extent. (*Hear, hear.*) The best institutions will tend to corruption, as the Chairman has himself well intimated, though organised at the beginning with good intentions, and afterwards preserved with the most religious care; new states of society may affect their utility, and endanger their purity, and quite unfit them for the present period. (*Hear, hear.*) But they hesitate to reform themselves. The accumulated proofs of ages show that self-elected bodies will not remedy their own abuses. The evil must be discovered and amended by those who can survey their constitution without partiality. Such observers and correcters exist, I believe, in the assembly collected in this room. But I have almost wandered from the toast,—"The Professors and Teachers of Medical Science,"—of all bodies in the profession perhaps the most important to the rising generation. From the spirit of liberality which distinguishes the present age,—a

liberality which has even entered into the highest departments of the State, so that the Government itself has become distinguished for the liberality of its sentiments—(*hear, hear*),—there never was a more advantageous period for the establishment of such an Association as this. There are now *teachers* and *professors* of medicine; indeed, I can hardly perceive the distinction,—I know of none in London,—none through the whole kingdom. We have from sixteen to twenty medical schools in this metropolis, all labouring in their vocation, and medical schools exist throughout the kingdom, all interested in the education of medical youths,—a topic of enthusiastic interest; and I am delighted to see that so large a body of the teachers of the metropolis has joined this Association. There are many reasons for such individuals not joining your Association. Many of them are connected so intimately with the chartered bodies and corporations, that they must sacrifice, perhaps, not only themselves, but those who are dependant on them, by countenancing the bold position which you have assumed. (*Hear, hear.*) Considering ourselves as free to obey the dictates of reason, we ought to lose no opportunity of distinctly pointing out the defects of the medical institutions of the country. If you merely surmise that there may possibly be imperfections in our institutions, or perhaps make a great deal of noise, and declaim loudly without specifically stating not only their defects but also the best remedy for those defects, the Association will dwindle into insignificance. (*Applause.*) Although I have so little connexion with the toast, yet I have great pleasure in performing the duty of returning thanks for the honour conferred on the professors and teachers of medicine; but before I resume my seat, allow me to say that such an Association is calculated to restore to its members many old and excellent feelings. We have here companions who have sat beside us in our classes and our societies, and mingled with us in many of those early and pleasurable associations which are nearest to the heart. I recognise with delight on this occasion one of my own early associates. Your President, who has been complimented so justly to day—(*loud applause*),—was one of the earliest of my companions during my medical studies at Edinburgh. I rejoice to find him occupying his present important and dignified station. We owe much to him for his labours on behalf of this Institution, and I trust that his example will be followed by all those who may succeed him. I have great pleasure in proposing the health of our distinguished President, Dr. Webster. (*Great applause.*)

The CHAIRMAN acknowledged the toast in appropriate terms, observing, that whether as President, or simply as a member of the Council, he should always gladly render every service in his power to the Association. (*Hear, hear.*) After a few introductory remarks, he proposed as the next toast, "The Father of Medical Reform," which was drunk with great enthusiasm.

Dr. HARRISON returned thanks in an eloquent speech, which our limits will not allow us to repeat. In the course of his remarks he pointed out the tyrannical conduct of the College of Physicians, and the determination of the College to resist just measures of Reform. He concluded by proposing "The Health of the Vice-President and Council."

Dr. MARSHALL HALL, in acknowledging the toast, said, I hope I may say for all my brethren what I may for myself, that I am most devoted to the medical profession. It happens that I am a "physician;" many of you do not adopt that name, but I trust that we all view each other as brethren, having but one object in view, the general good of all. (*Applause.*) Entertaining no petty animosities, which are only worthy to be despised, if I were at the top of the profession to-morrow, I would say, as I do to-day, that I view all my brethren as members of one body. (*Cheers.*) I acknowledge no distinctions but those of merit. The man who pursues the medical career with credit, truth, justice, and honour, is my brother, and if one man will labour in it more than another let him have his reward. I am myself a stanch advocate for Medical Reform. It is now the fifth part of a century since I adopted this principle, of which, I am still an unflinching advocate. (*Cheers.*) I do not happen to be the nephew of, or connected with, any of the great men, nor have I sought their favours. I believe I never made a bow to one of them in my life. I am content with my station, which has been the work of my own industry, and I trust that every man who expends great pains, labour, and unwearied industry in the profession, will henceforth take that station in society which ought to result from them. (*Hear, hear.*)

The CHAIRMAN next proposed, "The health of the visitors."

Dr. GRANVILLE, in returning thanks, congratulated the company upon the changes which had at last been brought about, even in the College of Physicians. A professor of midwifery was now allowed to become a fellow of the College, and even to sit at the Board. Let the British Association steadily pursue its avowed objects, and he had no doubt that it would ultimately obtain success for medical reform. In order, however, to secure just laws in the profession, uniformity of medical examinations must be adopted. Why should there be gradations

in diplomas for practice? The human frame was one, and the maladies which afflicted all its parts were guided by a similarity of principle. As Nature knew of no gradations, neither should the profession. He concluded by proposing "The health of the Stewards."

Mr. WHITMORE briefly returned thanks.

Mr. HILLES said, that the present state of medical affairs urgently demanded reform. Patience might cease to be a virtue; and, in fact, that change had almost now arrived in the profession. The Legislature had not yet done justice to its members. On the contrary, it had allowed new burdens to be imposed on them by the Poor Law Amendment Act. It was a very mistaken notion in politics to suppose, that the saving of a thousand pounds per annum, was always a measure of economy. On the one hand, buildings were reared for the promotion of the arts, and, on the other, measures were taken to depress science. Such a state of things was beyond endurance. (*Hear, hear.*) He concluded by proposing, "The health of the Officers of the Association."

Mr. E. EVANS briefly returned thanks.

Mr. ROWE (of Chigwell), in proposing "The health of the Honorary Secretary and Honorary Solicitor," condemned, in severe terms, the conduct of the Poor Law Commissioners. The mischief, however, was all chargeable against the profession itself. He illustrated his views by adverting to the evidence of medical men in the Epping Union, and concluded by a reference to the exertions of Mr. Wakley in behalf of the profession.

Mr. DAVID DAVIES, the Honorary Solicitor, briefly returned thanks, and shortly afterwards the worthy Chairman withdrew, and the meeting separated.

The enjoyments of the evening were agreeably promoted by an excellent dinner, good wines, and pleasant music from the voices of Messrs. Foster, Pyne, Ransford, Ford, and other performers.

The room of meeting was crowded to excess, and apologies for non-attendance were read from Mr. Liston, Mr. Wardrop, Mr. Grainger, Mr. Rumsey, Dr. James Johnson, Mr. Salmon, Mr. Pilcher, Mr. Farr, Dr. Mollison, Mr. Castle, Mr. Parsons, and many other gentlemen, on account of indisposition, or indispensable professional engagements.

THE LANCET.

London, Saturday, October 7, 1837.

THE matters on which we last week addressed our friends, the medical students, who have recently arrived in London, to prosecute their studies in the hospitals and dissecting-rooms of the metropolis, involve questions which are so deeply important to those gentlemen, that we again call their attention to the subject, rather, however, for the purpose of exciting an interest in what we have already said, than to add new admonitions to the old. The medical practitioner is, as a secondary agent, a dispenser of life and death to the community. How great is his responsibility! How precious to him the season of youth, the period of preparation for the duties of his almost divine appointment!

Disappointed men, scoffers, sceptics, and corporators in medical Colleges and Halls, seem to be the only characters who would hinder the student from an assiduous pursuit of medicine as a science. The interested opposition of the latter we have explained too recently to render a fresh exposure of it necessary now. The former represent the simple powers of nature as all-sufficient for the relief of the sick. Ignorance appropriately backs the absurdities of such disputants. Very many disasters of the human frame are subservient only to art, and the duration of all may be abridged by the exercise of medical skill. Take, for example, an injury in the region of the neck, where some important vessel has been divided; the sufferer, prostrate, helpless, bleeding, exhausted. An instant more, and he will be a corpse. Who shall rescue the man from the jaws of death but the practitioner, prompt and energetic in his actions, who is thoroughly familiarised with surgical anatomy? Who can subsequently conduct the patient to a cure, but the experienced student of medicine? The moment

which is pregnant with life or death, can be successfully employed by none but the surgeon. The thousand other accidents of a doubtful existence can be averted only by the hand of science. To the practitioner himself the occasion becomes one of vital importance. If he have neglected his time while the period of pupilage was yet at his command, even though the criminalities of his career in practice escape the censure of others they will unavoidably entail upon him the horrible pangs of a dissatisfied conscience.

We especially urged upon the student, last week, the necessity of studying *surgical* anatomy. We reiterate that advice. The department of *surgical anatomy* should be a primary object of instruction in the dissecting-room. Generally speaking, it there occupies only the back ground. Above all things, too, let the student avoid attempts to learn anatomy by *plates*, or by cramming his head with useless names and words, culled from "Guides" and "Manuals." Actual dissection should invariably be prosecuted. Drawings and plates are fit only for use when the dead body cannot be examined, and to refresh the memory.* Besides, in nine instances out of ten, the former afford but a third-hand species of information, as they are nearly all borrowed from foreign authors,—the representations of muscles from ALBINUS,—the arteries from TIEDEMANN,—the nerves (let us except the valuable original plates of Mr. SWAN) from SCARPA and WALTHER,—the lymphatics from MASCAGNI,—the regions explored in surgical anatomy from BLANDIN, MANEC, and other Continentalists.

In selecting a school for making the required payments, a first inquiry should be directed to the facilities which are afforded for the prosecution of anatomy in the dissecting-room, and the assiduity of the teachers and demonstrators,—what portion of time they spend in that room, and in *what manner* they aid the pupil in his observations over the subject and its several parts. Let it be remembered, also, that *lecturing* upon anatomy, and *teaching* it, employ widely different faculties and powers. An eloquent parson may be but an indifferent Christian. Better allow the "recognised" chatterer to dilate to empty benches in the theatre, than let the demonstrator keep his hands in his pockets in the dissecting-room.

The same kind of scrutinising inquiry should be directed by the pupil in selecting the hospital which he will attend. Regularity of visits on the part of the medical officers, the frequency of the clinical instruction, the facility afforded for examining the case-books,—in short, a score of such subjects on which to question the fee-taker, become obviously important topics of conversation between the student and that personage, before any exchange of money is made. The *size* of a hospital is no indication of its value as a place of instruction. SCARPA's hospital did not contain more than twenty beds, yet it furnished matter for surgical treatises of the highest order, and was frequented by pupils from all parts of Europe. Wherever the student may enter he will have to pay a great deal of money for the privilege, and it is but just to himself to render the thing purchased as nearly as possible equivalent to its cost,—not an easy act of care, however, in the present instance, if it be remembered that the hospital fee in London amounts to a sum which is equal to the whole University payments and inscriptions of a French medical student in Paris.

As a precaution of vital consequence to his comfort, and the economising of his time, let the student so arrange that the whole of the class-rooms, and the hospital which he attends, shall be situated near together.

There is one reform in the hospitals requiring agitation, which we now suggest in those pages,—wherein every reform in our hospitals, yet publicly proposed, has originated,—namely, a change in the time of the visits from the middle of the day, *to the hour*

* The plates of Dr. QUAIN are admirably adapted for this purpose.

of seven or eight o'clock in the morning. Every party concerned would gain an advantage by this reform,—the patients, the pupils, the medical officers. The sick poor could be more carefully and leisurely seen; the students would not be dragged from other studies which should not at midday be interrupted; the surgeons and physicians would not be hurried, in the heat of private practice, from a profitable occupation which, from motives of self-interest, they *dare not* postpone, to one which they *will*, and *do* now, constantly neglect. To the student the advantage would be great in a moral as well as a professional point of view. Compelled to rise early from bed, he would soon discover the necessity of spending his evenings where quiet and sobriety prevailed, where mental profit could consequently be derived, and his retirement to necessary rest would not be protracted to an unhealthy hour of the night.

The uses of case-books in the wards of the hospitals, and the advantage of their inspection by the pupils, we have already frequently mentioned. No matter how attentive the student may be in his examination of the patients in any given ward, several very important circumstances connected with the cases must necessarily escape his observation. The pupil is generally absent when the patient is received into the hospital; he sees not the parents or the friends by whom the sufferer was accompanied; he is therefore generally ignorant of the whole history of the case, and thus may lose one of its most important elements, unless the deficiency be supplied by a case-book. The pupil, also, may not exactly have heard and comprehended the prescription which the surgeon has ordered, or the pupil may be absent, unavoidably, for a day or two; the case-book will supply the deficiency. Clearly-written, well-kept case-books should be called for, again and again, by the pupils, until obtained. Indeed, the power of the students over the management of the clinical department of the hospital which they attend, is one that may be exercised, in a variety of instances, with very great advantage to themselves, and benefit even to those medical officers who, after pocketing the fees, are guilty of the dishonourable practice of withholding from the pupil that valuable information which it is so easy to communicate at the bedside of the sick.

THE manner in which the French authorities watch over all matters connected with the public health, contrasts strongly with the neglect of this important duty on the part of our own executive. The moment that any dangerous epidemic disease breaks out in any part of France, medical aid is promptly supplied by the Government; and we find, by a late number of a French journal, that the minister of commercial affairs in that country, has placed a sum of 40,000 francs at the disposal of one of the southern Prefects, for the purpose of affording aid in the localities, the inhabitants of which are now suffering under cholera.

SPECIMENS OF

EXAMINATIONS AT APOTHECARIES' HALL,

UNDER THE CERTIFICATE SYSTEM, IN THE

TWENTY-SECOND YEAR OF THE APOTHECARIES' ACT.

No. II.

THE candidate having arrived at his destination in the examination-room, makes a polite bow to the worshipful tribunal, before sitting down. The examiner at his front, observing this indication of gentlemanly feelings, assumes a dark frown, exclaims with a severe manner, "Sit down, Sir," forthwith opens a small portfolio, and presenting to the candidate a prescription, desires him to "Read that, Sir."

"℞ *Infus. aurant.*, ℥j.; *Tr. ej.*, ℥j.; *Quinin. sulph.*, gr. jv. M. ft. haust, om. man. sumend."

(Candidate reads.) Recipe. Infusi. auranti.—Examiner. *What*, Sir?—Oh! *Aurantii*, Sir. (Examiner gives a learned assenting bow.) Unciam; Tincturæ ejusdem drachmam. Quininæ sulphatis granas quatuor.

Ex.—*Granas*, Sir? Decline it.

Another examiner.—Oh, the gentleman

knows it; it was grass you meant, Sir, was it not?—Yes, Sir, I assure you. (Again reads.) Misce; fiat haustus, omni mane sumenda. Second examiner.—Just think, Sir; don't flurry yourself. What does *sumend* agree with?—With *haustus*.

Well, Sir, what gender is *haustus*?—Oh! masculine, Sir; I meant sumen*dus*.

First examiner.—He seems to know his Latin; I think we may proceed.—Second examiner.—Oh! certainly.

What are the compounds of nitrogen and oxygen?—Nitrous oxide, nitric oxide, hypositrous acid, nitrous, and nitric acids.

What is the composition of nitric acid?—One nitrogen, and five oxygen.

What is its composition?—That is it, Sir.

It is not, Sir.—*Cand.* I have always been taught so, Sir.

Umph! It is nitrogen 1, and 5 oxygen, 40; that is it, Sir. Now, Sir, what is its equivalent?—54, Sir.

What is an equivalent?—The smallest combining particle of a body.

Who founded the theory of equivalents?—I don't know, Sir.

Then you ought to know it, Sir; Was it Dr. Dalton?—I thought his was the theory of *atoms*, Sir.

Examiner (pointing to the candidate, and looking at the other examiner). A simple case this. (Second examiner nods assent.)

What is the composition of water?—Oxygen and hydrogen.

In what proportions, Sir?—One atom of each.

How would you separate its constituents?—By galvanism.

And how combine them?—By electricity.

How does galvanism decompose bodies?—I do not know, Sir, unless it is by separating them.

Well, Sir, but why does it separate them?—I do not know, Sir.

By disturbing their electrical state. What is the composition of carbonate of ammonia?—Carbonic acid and ammonia.

What is peculiar in ammoniacal salts?—They are strong smelling, Sir.

No, Sir, that is not what I want?—They are very volatile, Sir.

No, Sir. Have they any *base*?—No, Sir.

You do not seem to know much chemistry, Sir; I hope you know your other subjects better. What is that, Sir? (*presenting drugs.*)—Scammony, Sir.

What is the class and order?—Pentandria monogynia.

What is it?—It is a gum resin, Sir.

Yes, but what else?—Oh! a purgative, Sir.

Something else?—A cathartic, Sir.

There is something else, Sir. Does it destroy worms?—Yes, Sir.

Well, then, Sir, what is it?—An anthelmintic, Sir.

What kind of evacuations does it produce?—Liquid, Sir.

But what kind, Sir?—Mucus, Sir.

No, Sir?—Oh! *slimy*.

Where does it come from?—I do not recollect, Sir.

From Aleppo, Sir; you ought to know that, Sir; it would be rather *awkard* if a lady asked you where Aleppo was, and you did not know; in what cases would you give it?—In cases of worms, Sir.

In what particular case of inflammation of the bowels would you give it, Sir?—I know it is given, Sir, but I do not know in what case.

(Examiner looks round, and at the same time putting his right hand behind his chair, beckons a number of his scientific brethren to approach.)

This gentleman knows of a species of enteritis in which scammony is used! (Two or three of the new arrivals sneer; others look very grave.)

(Second examiner.)—What emetic would you give in a case of croup?—Tartar emetic.

Well, Sir, What dose?—A tea-spoonful.

What, Sir! a tea-spoonful of tartar emetic?—Yes Sir.

(Third examiner.)—Do you mean the *solution*, Sir? 'Pon my word, Sir, I know nothing about it.

(To other examiners.)—This gentleman knows nothing whatever of his profession, but we will give him another chance. What arteries supply the brain with blood? The vertebral and internal carotid.

Where do those arteries unite?—At the circle of Willis.

Where is that?—At the base of the brain.

What separates the anterior and middle lobes of the brain?—The fissura sylvi.

(Fourth examiner.)—He knows his anatomy; we must resume the practice of physic.—What is measles, Sir?—A disease of the skin, Sir.

Very probably, Sir; but of what kind?—Eruptive, Sir.

Is it simultaneous in its appearance all over the body?—Yes, Sir.

All the examiners.—It wont do. A bad case, &c. He must go back.

First examiner.—Really, Sir, you must retire. (Candidate rises from his chair, and all leave the table, from which the student reluctantly retires.)

Having arrived in the "funking room," the young man d——s his examiners, declares he is "flummuxed," calls for his hat, proceeds to the street-door, and slowly emerges from the den. The scene now changes. The "rejected" is in the street. He is rapidly approached by a rather thin man, of tall stature, whose countenance, while it betrays a vacuity of brain within,

demonstrates the ravages of liquor and dissipation on the corporeal frame. A broad-brimmed hat is slouched on his head, a blue frock coat is on his back, striped pantaloons surround his legs. He smoketh, and is followed by three pot companions of a like description. He espieth the student, and crieth out, with debauched voice,—

"Is it all right?"

"No," saith the unfortunate, "it is all wrong, by G—d. I have not had many of *your questions*."

"But are you really done?

"I am, so help me.

"Well, old fellow, I am G—d d——d sorry for it; but come, we'll have some brandy and water, old boy (*with a slap on the back*), and drive off dull care."

Reported *verbatim*.

WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR:—In the number of THE LANCET of last Saturday, I observe, with surprise, in a list of the medical officers of the Westminster Hospital, my name inserted as Assistant Physician: as this error is calculated to do me much injury, I hope you will either insert this letter, or give such publicity to my contradiction as shall entirely remove the impression that I am, in any medical capacity, connected with that institution. I have the honour to be, sir, your most obedient servant,

W. R. BASHAM.

2, Fitzroy-st., Fitzroy-square,
Oct. 2, 1837.

INSTRUMENTS OF LITHOTRITY.

CHALLENGE FROM A FRENCH MANUFACTURER TO ENGLISH INSTRUMENT-MAKERS.

THE amour-propre of the French instrument-makers has, it would appear, been aroused by the order which the Emperor of Russia gave to Baron Heurteloup to have the lithotritical instruments destined for that country, manufactured in London. In a late number of the *French Lancet*, we observe a letter from M. Charrière, confessedly the first surgical instrument-maker in France, complaining of the preference thus shewn towards the English makers, alleging that most of the lithotritical instruments sold in London, are of French fabrication, and that the latter are much more solid and perfect than the London-made instruments. In support of his assertion M. Charrière offers a prize of 500 francs to the English maker who will manufacture an instrument (Heurteloup's model) as solid and as elegantly finished as one of his. The decision will be left to Baron Heurteloup himself.

TO CORRESPONDENTS.

Neunikos. The extract was given verbatim from the Verona Journal. We cannot reconcile the circumstance mentioned, with the announcement in print.

We have prepared an analysis of the insignificant proceedings in the Medical Section of the British Association at Liverpool, and next week will find room for it.

The enclosure has been made for *J. J. S.*

We shall probably notice the subject mentioned by *Fair Play*.

The letter of *Mr. J. Thomson*, we regret to say, was mislaid, or it should have had an immediate answer. He was exceedingly ill-treated, but he had no "legal right" to take any share in the proceedings. His attendance as a professional witness was optional with the presiding officer; but he is not excluded from a claim to the fee, on being summoned on such occasions to give medical evidence.

Mr. B. The proposed resolutions were incompatible with the advertised objects of the meeting.

Want of space might have prevented us from publishing the letter of *Justitiâ*, even if it had contained any new reflections on the subject which has occupied his pen. We have over and over again exposed the impolicy and impropriety of electing the professors in our medical institutions according to the prevailing system, and naturally look for something fresh, in fact or argument, in communications which relate to that topic.

The apprehensions of the English medical gentlemen who are *at present* abroad and in practice, that the French Government would prevent them from pursuing their professional avocations in France, are unfounded as regards those gentlemen who have already presented their native diplomas to the Minister of the Interior, and have received from him an authorization to practise. Such individuals will not be interfered with. The decree which has lately been issued in that country, simply ordains that, for the future, no permission of this kind, to practise, will be conceded to foreign physicians. Their right must be established on the possession of a degree obtained by them from the Faculty of Medicine of Paris.